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# The Cytokine Handbook

Third Edition

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## Chapter 9

### Interleukin-7

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#### INTRODUCTION

Interleukin-7 (IL-7) is an exceptional cytokine, as it mediates lymphopoiesis in mice in a non-redundant fashion. In contrast, targeted gene deletion of other cytokines, including IL-2, IL-4 or IL-10 (Schorle *et al.*, 1991; Kuhn *et al.*, 1991, 1993), revealed that these cytokines are not essential for development and proper function of B or T lymphocytes. IL-7 is secreted by both immune and non-immune cells and appears not only to be involved in the development of an effective immune system, but also in the generation and maintenance of strong and effective cellular immune responses directed against cancer cells, or infectious diseases. IL-7 appears to serve as the major growth and differentiation factor for both thymic and extrathymic development of  $\gamma\delta^+$  T lymphocytes. IL-7 promotes immune effector functions in T lymphocytes, natural killer (NK) cells and monocytes-macrophages, and modulates the quantity and quality of immune responses *in vitro* and *in vivo*. The availability of IL-7 targeted gene-deleted mice, or IL-7 transgenic animals, allowed a more detailed study of the physiology and pathophysiology of the paracrine and systemic effects of IL-7. The use of IL-7 in the treatment of different diseases, including immunodeficiency disorders and malignancy, suggests that IL-7 may facilitate a number of therapeutic endeavors including bone marrow and organ transplantation, cancer immunotherapy and the treatment of infectious diseases.

#### CLONING AND PURIFICATION

Following the development of techniques for studying bone marrow cultures, it was apparent that B-cell maturation occurred in the presence of bone marrow stromal cells, suggesting the existence of a growth and/or maturation enhancing cytokine (Hunt *et al.*, 1987). Namen and coworkers subsequently demonstrated that conditioned medium from stromal cell cultures stimulated the growth of B-cell precursors. They immortalized a stromal cell line by transfecting it with the plasmid pSV3neo (encoding both the large and small T antigens of SV40) and isolated a clone (I  $\times$  N/A6) which produced a factor initially called lymphopoietin-1 (LP-1) that stimulated the growth of B-cell precursors.

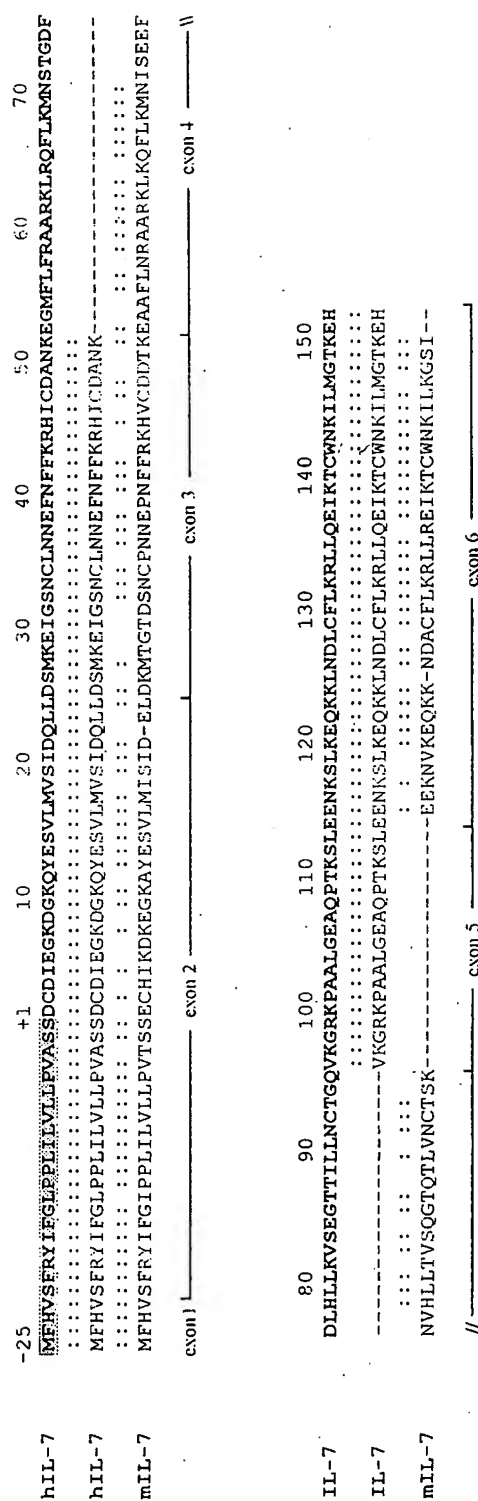
Conditioned medium from the growth of this clone was then purified. High-performance liquid chromatography column fractions containing LP-1 bioactivity were isolated. A single unit of LP-1 activity is that causing half maximal  $^3\text{H}$ -TdR incorporation in a culture of precursor B cells (LP-1 bioassay). At this stage of purification it was clear that several proteins were present in the fraction that could account for the biologic activity. Additional sodium dodecyl sulfate-polyacrylamide gel electrophoresis analysis under non-reducing conditions associated bioactivity with a protein of  $25 \times 10^3$  Da, substantiated by  $^{125}\text{I}$ -labeled LP-1 binding experiments. The purified protein exhibits a specific activity of approx.  $4 \times 10^6$  units/ $\mu\text{g}$  of protein and is active at a half-maximal concentration of  $10^{-13}$  M (Namen *et al.*, 1988b).

The same murine stromal cell clone provided a cDNA library which was screened for LP-1 activity following expression in COS-7 cells. A clone (1046) was identified that was associated with high biologic activity (Fig. 1). The sequence contains a 548 base pairs (bp) 5' non-coding region which may be involved in expression regulation, as its removal results in increased COS cell expression of protein. The sequence includes a 462 bp open reading frame and a 579 bp 3' non-coding region containing a consensus polyadenylation signal and terminating in 15 adenine residues. Purified protein was subjected to N-terminal analysis, which suggested that the nucleotide sequence from clone 1046 codes for the same protein identified in the biologic assay; the protein was designated IL-7. The mature protein has a 25-amino-acid leader sequence followed by 129 amino acids with two N-linked glycosylation sites and six cysteine residues which may be involved with intramolecular disulfide bond formation. The importance of disulfide bond formation is suggested by loss of activity following treatment with 2-mercaptoethanol, which breaks disulfide bonds.

The calculated molecular weight of IL-7 is 14.9 kDa. The disparity between calculated molecular weight and that predicted by migration of the native protein may be accounted for by glycosylation (Namen *et al.*, 1988a,b). Two such N-linked glycosylation sites in murine IL-7 are located at amino acids 69 and 90 (Namen *et al.*, 1988a). IL-7 mRNA has been detected in murine thymus, spleen, kidney and liver by Northern blot analysis. Interestingly, although message was present in thymus and spleen, no biologic activity could be detected in these tissues.

Goodwin and colleagues characterized human IL-7 by nucleic acid hybridization of cDNA prepared from a hepatocarcinoma cell line (SK-HEP-1, ATCC HTB 52) with the murine IL-7 probe. There is considerable homology between the two IL-7 nucleotide sequences (81% in the coding region) and up to 60% amino acid homology, with all six cysteine residues being conserved (Goodwin *et al.*, 1989). The human IL-7 gene contains six exons over 33 kilobases (kb) (Lupton *et al.*, 1990). The human IL-7 cDNA is composed of 534 nucleotides encoding a protein of 177-amino-acid residues with a signal sequence of 25-amino-acid residues and three potential N-linked glycosylation sites (Goodwin *et al.*, 1989). There is a 19-amino-acid insert for human IL-7 (coded for by exon 5 in the human genome) which does not exist in murine IL-7 (Fig. 1) and appears not be essential for biologic IL-7 activity using a proliferation assay of progenitor B cells (Goodwin *et al.*, 1989). Additionally, an apparently alternatively spliced human IL-7 mRNA lacking the entire exon 4 (44-amino-acid residues) was isolated from the SK-HEP-1 line, which results in loss of the capability to stimulate proliferation of murine progenitor B cells. Human recombinant IL-7 is active on murine and human B-cell progenitors. In contrast, murine IL-7 acts only on murine, but not on human cells.

cid hybridization of CHTB 52) with the two IL-7 nucleotide mology, with all six IL-7 gene contains an IL-7 cDNA is residues with a signal glycosylation sites IL-7 (coded for by Fig. 1) and appears of progenitor B cells pliced human IL-7 ated from the SK- iferation of murine and human B-cell 1 human cells.



**Fig. 1.** Amino acid sequences of human and murine IL-7. The hIL-7 gene codes for a 173-amino-acid molecule (top sequence). A differentially spliced IL-7 mRNA has initially been identified (middle sequence) by probing a cDNA library derived from a human hepatocellular carcinoma cell line, with the mL-7 cDNA by nucleic acid hybridization (Goodwin *et al.*, 1989; Lupton *et al.*, 1990). The alternative IL-7 transcript lacks exon 4 coding for 132 bp, thereby reducing the protein by 44 amino acids. Both the entire IL-7 mRNA and the alternatively spliced IL-7 mRNA have been identified reproducibly in chronic lymphatic B-cell leukemia (Frisman *et al.*, 1993), in follicular dendritic cells (Kröncke *et al.*, 1996a,b) and in renal cell cancer (authors' unpublished observations). The mL-7 cDNA (bottom sequence) lacks a region that codes for 19 amino acids and would correspond to exon 5 of the human IL-7 gene (Namen *et al.*, 1988a). The lack of exon 5 apparently does not impair biologic IL-7 functions in conventional assay systems. Human and murine IL-7 exhibit up to 81% sequence homology with regard to the nucleotide sequence and up to 60% homology in amino acid residues. The leader peptide is shaded.

receptor structure on T cells according to their state of activation, an observation that may account for differential IL-7-induced signaling events in T cells (Foxwell *et al.*, 1992; Lin *et al.*, 1995). The expression of the 90-kDa IL-7R is stimulated by IL-7, ionomycin and phorbol esters, and inhibited by cyclosporin A and FK506 (Foxwell *et al.*, 1993). Expression of the 90-kDa receptor on freshly isolated human T cells could not be increased with phytohemagglutinin (PHA), concanavalin A or CD3 (Armitage *et al.*, 1992a,b). Interestingly, activation of peripheral blood mononuclear cells (PBMCs) with anti-CD3 results in a fourfold downregulation of IL-7 receptors (high and low affinity) (Foxwell *et al.*, 1992). These findings have recently been substantiated by the observation that IL7R $\alpha$ - $\gamma$ c chain complexes are detectable in activated, but not in resting, T cells, independent of total cell surface  $\gamma$ c chain expression. Thus, stimulation of T cells may lead to assembly of IL7R $\alpha$ - $\gamma$ c chain complexes, which correlates with JAK3 expression (Page *et al.*, 1997).

However, as IL-2 or IL-4 gene-deleted mice do not exhibit severe defects in T-cell differentiation, such as those observed in either IL-7 or IL-7R $\alpha$  gene-deleted mice, IL-7 may account for most of the immunologic defects observed in murine models of the X-SCID defect associated with defects of the common  $\gamma$ c chain receptor unit (Takeshita *et al.*, 1992; Noguchi *et al.*, 1993; DiSanto *et al.*, 1994; Leonard *et al.*, 1994). The X-SCID defects can also be observed in humans (Lai *et al.*, 1997).

In unstimulated human T cells, the p90 IL-7R is constitutively associated with the Src kinase enzymes p59<sup>fyn</sup> and p56<sup>lck</sup> (Page *et al.*, 1995). IL-7 binding the p90 IL-7R leads to both increased p59<sup>fyn</sup> and p56<sup>lck</sup> levels in stimulated and unstimulated T cells (Page *et al.*, 1995). Signaling via the p90 IL-7R also leads to increased activity of the Src kinase, suggesting that activation of p59<sup>fyn</sup> and p56<sup>lck</sup> is not exclusively responsible for IL-7-driven T-cell proliferation and that other signaling events (e.g. mediated through the  $\gamma$ c chain) may be required (Page *et al.*, 1995). However, targeted gene deletion for p59<sup>fyn</sup> in mice did not show a major impact on lymphopoiesis (Stein *et al.*, 1992; Grabstein *et al.*, 1993; Sudo *et al.*, 1993). In contrast, in p56<sup>lck</sup> gene-deleted mice, a thymocyte maturation block at the double negative state could be observed (Molina *et al.*, 1992). However, similar effects could not be detected in CD4, CD8, or IL-2 gene-deficient deleted mice. These observations suggest that p56<sup>lck</sup> is also involved in the signaling pathways (Fung-Leung *et al.*, 1991; Schorle *et al.*, 1991). Thus, the observed effects of p56<sup>lck</sup> on lymphopoiesis may be attributed to the lack of IL-7-driven p56<sup>lck</sup>-mediated cellular responses. IL-7-mediated phosphatidylinositol-3 (PI-3) kinase activation induced by tyrosine phosphorylation of the PI-3 kinase p85 subunit appears to be essential to the IL-7 proliferative signal (Sharfe *et al.*, 1995). A different protein tyrosine kinase, termed pim-1, may also be involved in IL-7-mediated signaling, as IL-7-mediated pre-B-cell expansion is decreased in pim-1-deficient mice (Domen *et al.*, 1993).

IL-7 activates members of the Janus (JAK) family of non-receptor tyrosine kinases, JAK1 and JAK3 (Russell *et al.*, 1994; Zeng *et al.*, 1994; Musso *et al.*, 1995), which are both activated by  $\gamma$ c chain-sharing cytokines including IL-2, IL-4 and IL-9. These kinases may serve as the signal transduction pathway to the nucleus by phosphorylation and activation of signal transducers and activators of transcription (STATs). IL-7 has been shown to activate STAT1, STAT3 and STAT5 (Zeng *et al.*, 1994; Lin *et al.*, 1995; van der Plas *et al.*, 1996; Perumal *et al.*, 1997) by interacting with an area spanning the tyrosine residue 409 at the C-terminal end of the IL-7R (Lin *et al.*, 1995). Thus, at least several alternate signal transduction pathways (e.g. p56<sup>lck</sup>, p59<sup>fyn</sup>, JAKs, STATs) may be

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ssociated with the Src he p90 IL-7R leads to ed T cells (Page *et al.*, ty of the Src kinase, responsible for IL-7- diated through the  $\gamma$ c deletion for p59<sup>fyn</sup> in 1992; Grabstein *et al.*, ymocyte maturation *et al.*, 1992). However, efficient deleted mice. ing pathways (Fung- effects of p56<sup>lck</sup> on <sup>lck</sup>-mediated cellular ativation induced by be to essential to the osine kinase, termed -mediated pre-B-cell

tor tyrosine kinases, *et al.*, 1995), which are -4 and IL-9. These by phosphorylation (STATs). IL-7 has 1994; Lin *et al.*, 1995; in area spanning the 1995). Thus, at least AKs, STATs) may be

operational in IL-7-responsive cells (e.g. T cells, epithelial cells). It is possible that IL-7 may exert its functions in a cell- or tissue-specific manner dependent on differential activation of the IL-7R signalling transduction pathway(s). For instance, recent data suggest that the IL-7 receptor complex delivers signals of different quality to lymphoid progenitor cells during rearrangement of the antigen receptors (reviewed in Candeias *et al.*, 1997a). First, the IL-7R $\alpha$  mediates a 'trophic' or 'maintenance' effect regarding cell viability during gene rearrangement. Earlier studies showed that immature thymocytes undergo apoptosis when separated from the thymus. IL-7 is capable of sustaining these cells without inducing significant cell proliferation (Watson *et al.*, 1989). These antiapoptotic effects delivered by the IL-7R $\alpha$  can also be observed in mature lymphoid cells (Komschlies *et al.*, 1994) and may be attributed to the induction of Bcl-2 members (Hernandez-Caselles *et al.*, 1995; Lee *et al.*, 1996; Vella *et al.*, 1997). However, other Bcl-2-related proteins, inducing Bcl-x<sub>L</sub> or Bcl-w, or other as yet ill-defined antiapoptotic factors, may also be involved, as bcl-2 knockout (—/—) mice exhibit a different picture concerning T-cell development compared with alterations identified in IL-7R $\alpha$ <sup>—/—</sup> mice (Veis *et al.*, 1993; Matsuzaki *et al.*, 1997).

Second, the IL-7R $\alpha$  may also deliver 'mechanistic' signals required for gene rearrangement. IL-7R $\alpha$ <sup>—/—</sup> mice exhibit impaired  $\gamma$  gene rearrangement (Maki *et al.*, 1996; Candeias *et al.*, 1997b). The same was found to be true for IL-7R $\alpha$ -mediated signals, required for immunoglobulin (Ig) heavy chain and TCR  $\beta$ -chain rearrangement (Corcoran *et al.*, 1996; Crompton *et al.*, 1997). However, it appears that alternate strategies concerning the IL-7R $\alpha$ -mediated function may operate in gene rearrangement: the TCR  $\gamma$ -chain rearrangement appears to be dependent on IL-7-mediated signals. Ig heavy chain and TCR- $\beta$  chain rearrangement requires IL-7, but not absolutely. The TCR  $\delta$  rearrangement may not be exclusively IL-7 dependent, as IL-7R $\alpha$ <sup>—/—</sup> mice exhibit  $\delta$ -chain rearrangements *in vivo* (Corcoran *et al.*, 1996; Candeias *et al.*, 1997a,b; Oosterwegel *et al.*, 1997; Peschon *et al.*, 1997).

Such effects may derive from several factors. First, IL-7 induces RAG-1 (recombinant activation gene) and RAG-2 expression (Muegge *et al.*, 1993). IL-7R $\alpha$ <sup>—/—</sup> mice exhibit decreased RAG expression in double-negative, but not in double-positive, cells (Crompton *et al.*, 1997). Therefore, decreased recombinase activity may affect recombinatorial events in distinct thymic cells. Second, IL-7R $\alpha$ -mediated signals may be required to prevent untimely apoptosis in thymocytes. It has been suggested that IL-7R $\alpha$ -mediated signals may unmask genes associated with proliferation and anti-apoptotic properties (Peschon *et al.*, 1997). This is substantiated by the observation that peripheral T cells in IL-7R $\alpha$ <sup>—/—</sup> mice undergo apoptosis upon stimulation (Maraskovsky *et al.*, 1996). However, future studies may address in greater detail the antiapoptotic properties and the effects of IL-7R $\alpha$ -mediated signals on gene rearrangements in immune cells.

## IL-7 AND B LYMPHOCYTES

The most compelling evidence that IL-7 represents an important lymphopoietin and possibly one with clinical importance comes from a number of *in vivo* investigations. IL-7 administration to normal mice (5  $\mu$ g twice daily for 4–7 days) results in a two- to five-fold increase in the number of peripheral and splenic white cells with no significant change in bone marrow cellularity. Analysis of the bone marrow showed an

increase in B-cell precursors ( $B220^{+}$ , secretory immunoglobulin ( $sIg$ ) $^{-}$ ) with a concurrent decrease in 8C5 and MAC-1 cells (myelomonocytic marker positive) (Damia *et al.*, 1992).

A general scheme for B-cell maturation is outlined in Table 1. For purposes of clarity, the nomenclature of Hardy and coworkers, defining the early stages of differentiation of murine B cells, has been adapted. These cells can be identified in liver or bone marrow and are divided into distinct classes (A–F) based on cell surface marker expression (Hardy *et al.*, 1991; Li *et al.*, 1993). Adult stem cells develop into 'conventional' B2 cells. Fetal liver stem cells are capable of differentiating into B1 cells, which persist in adult animals, reside primarily in the peritoneal cavity and stain positively for the CD5 antigen. The role of B1 and B2 cells in the context of IL-7 is discussed further below in the section entitled 'IL-7 and antimicrobial immune responses'. The early stages of B-cell development will occur in the bone marrow in response to stromal cell contact and cytokines. Hematopoietic stem cells (HSCs) of the adult bone marrow have been characterized by cell surface marker analysis. HSCs can be derived from murine bone marrow using the CD34 (sialomucin) antibody; other cell surface markers include the antigens CD4, major histocompatibility complex class I, ER-MP12 and AA4.1 (Katz *et al.*, 1985; Berenson *et al.*, 1988; Szilvassy *et al.*, 1989; Wineman *et al.*, 1992; Orlic *et al.*, 1993; Slieker *et al.*, 1993; Szilvassy and Cory, 1993).

Additionally, B-cell differentiation may be defined by DJ or VDJ rearrangement (see Table 1; Hardy *et al.*, 1991; Hardy and Hayakawa, 1991). The antigen receptors of B cells (and those of T cells) are encoded in the germline by individual DNA segments, termed V, D and J, which are joined during lymphocyte differentiation. This process (VDJ recombination) is initiated by the RAG-1 and RAG-2 proteins, which act together at the junctions between the coding segments and the recombination signal sequence to produce two types of DNA ends: a signal end (terminating in a blunt double-stranded break) and a coding end, which terminates in a DNA hairpin. The involvement of double-stranded DNA cleavage has suggested that this process is linked to the cell cycle; several lines of evidence indicate that the initiation of VDJ recombination takes place in the  $G_0$ – $G_1$  phase of the cell cycle (Oettinger *et al.*, 1990; Lewis, 1994). IL-7 appears to sustain expression of the *RAG-1* and *RAG-2* genes (Muegge *et al.*, 1993). The precise mechanism of this process is ill defined. However, more recent data suggest that IL-7 does not alter RAG mRNA levels, but rather affects post-transcriptional regulatory mechanisms. Alternatively, other as yet undefined IL-7-responsive gene products may additionally be involved, as IL-7 appears to be required for induction as well as for maintenance of VDJ recombination. In contrast, IL-7 reduces VDJ recombinatorial events in pre-B cells (Dobbeling, 1996).

To discriminate progenitor cells from cells that are already committed to the B-cell lineage, Hardy and coworkers recently investigated bone marrow stromal cells for expression of the B-cell lineage marker B220 and HSA in combination with the CD4 and AA4.1 markers (Li *et al.*, 1996). The latter marker is expressed on HSCs, B-cell-myeloid progenitors and early B-cell lineage cells (McKearn *et al.*, 1985; Loken *et al.*, 1988; Cumano and Paige, 1992). About 50% of the  $B220^{+}$ ,  $CD43^{+}$  and  $HSA^{-}$  cells (formerly termed A) stained positive for AA4.1 expression (Li *et al.*, 1996). This cell population was capable of proliferating on a stromal cell layer, indicating that it may indeed represent B-cell lineage precursors. Thus, the earlier designation of fraction-A B cells had to be revised. Two AA4.1 fractions ( $A_1$  and  $A_2$ ) appear to represent the



**Table 1.** IL-7 in B-cell lineage commitment. Cell surface marker expression, V(D)J rearrangement according to Hardy and Hayakawa (1991), Hardy *et al.* (1991), Kitamura *et al.* (1991, 1992), Peschon *et al.* (1994), von Freeden-Jeffrey *et al.* (1995) and Li *et al.* (1996).

Classification	Characteristic cell surface markers	Expression of antigen receptors	IL-7 responsiveness	Anatomic compartment
Pre-pro-B cells: A <sub>0</sub>	B220 <sup>+</sup> , CD43 <sup>+</sup> , AA41 <sup>+</sup> , CD4 <sup>low+</sup>	A <sub>0</sub> cells may not yet be lineage committed		Bone marrow
Pre-pro-B cells: A <sub>1</sub>	B220 <sup>+</sup> , CD43 <sup>+</sup> , AA41 <sup>+</sup> , CD4 <sup>low+</sup>			Bone marrow
Pre-pro-B cells: A <sub>2</sub>	B220 <sup>+</sup> , CD43 <sup>+</sup> , AA41 <sup>+</sup> , CD4 <sup>low-</sup>	Dependent on stromal contact for growth; immunoglobulin genes in germline configuration	Not IL-7 responsive	Bone marrow
Early pro-B cells: B	B220 <sup>+</sup> , CD43 <sup>+</sup> , AA41 <sup>+</sup> , CD4 <sup>low-</sup> , CD19 <sup>+</sup> upregulation of heat-stable antigen(HSA)	DJ rearrangement	Growth in response to IL-7 and stroma	Bone marrow
Late pro-B cells: C	B220 <sup>+</sup> , CD43 <sup>+</sup> , HSA <sup>+</sup> , CD19 <sup>+</sup>	VDJ rearrangement has occurred	IL-7 response in the absence of stroma	Bone marrow, periphery
Pre-B cells: D	B220 <sup>+</sup> , CD19 <sup>+</sup> , downregulation of CD43 expression		IL-7 alone may stimulate the <i>in vitro</i> growth of early pre-B cells, but not late pre-B cells. Development of the small resting B cells requires membrane-bound immunoglobulin heavy chain, $\lambda$ 5 and IL-7	Bone marrow, periphery
Immature B cells: E	B220 <sup>+</sup> , CD43 <sup>-</sup> , CD19 <sup>+</sup>	Light chain rearrangement and detection of IgM on the cell surface (sIgM)		Bone marrow, periphery
Mature B cells: F	B220 <sup>+</sup> , CD43 <sup>-</sup> , CD19 <sup>+</sup>	Encounter of antigen in association with T-cell help may lead to proliferation. Somatic hypermutation of immunoglobulin genes. In response to cytokines, mature B cells undergo immunoglobulin class switching		(Bone marrow), periphery

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earliest stages of B-cell lineage development. The B220<sup>-</sup>, AA4.1<sup>+</sup>, CD4<sup>low</sup> fraction has been designated as A<sub>0</sub> cells and appears to represent yet uncommitted progenitor cells. However, these 'earliest' stages identified in B-cell development will have to be characterized for activity of B-cell differentiation factors, such as IL-7, kit ligand (Flanagan and Leder, 1990; Williams *et al.*, 1990) and flk2/flt3 ligand (FL) (Matthews *et al.*, 1991; Rosnet *et al.*, 1991). More recent studies have in part addressed this issue. IL-7 does not support *in vitro* growth of cells of the granulocytic-monocytic or erythroid lineage, but does stimulate eosinophil colony formation. This activity can be abolished by anti-IL-5 antibody treatment, suggesting that IL-7 acts by stimulating release of IL-5 or that potentially IL-5 represents an obligate cofactor (Vellenga *et al.*, 1992).

The growth factor combination of IL-11 and mast cell growth factor (MGF) supports bipotential progenitor cells to commit either to the B or to the macrophage lineage (Kee and Paige, 1996). Single-cell cloning assays suggest that IL-7 does not act directly to determine whether cells commit to the B-cell or macrophage lineage. However, bipotential cells respond to IL-7 by an increase in number, and IL-7 added to the IL-11-MGF mixture promotes expression of mRNA transcripts coding for B cell-specific genes (Kee and Paige, 1996). Furthermore, the growth factor combination of IL-11-flt3 ligand-IL-7 appears to maintain the potential of bipotential precursors (Ray *et al.*, 1996). Yet, in a different report, uncommitted Lin-SCA-1<sup>+</sup> (SCA, stem cell antigen) bone marrow progenitor cells were shown to differentiate into B220<sup>+</sup>, CD43<sup>+</sup>, HSA<sup>+</sup> B cells (without expressing cytoplasmic  $\mu$  heavy chain or sIgM) using a combination of flt3 ligand and IL-7 which proved to be superior in driving B-cell differentiation compared with the combination of stem cell factor and IL-7; the latter combination leads to the production of mature granulocytes (Veiby *et al.*, 1996a,b).

Concerning already committed B cells, early pro-B cells require a combination of IL-7 and factors provided by stromal cell layers; late pro-B cells are capable of proliferating in IL-7 without stromal cell support. The same has been found for early pre-B cells, but probably not for late pre-B cells (Hardy *et al.*, 1991; Hardy and Hayakawa, 1991). IL-7-mediated effects in B-cell differentiation may in part be mediated by regulation of the G<sub>1</sub>-S transition of the cell cycle (Yasunaga *et al.*, 1995).

Rearrangement of  $\kappa$  light chains and sIgM expression correlates with IL-7R $\alpha$  downregulation and therefore IL-7 unresponsiveness (Cumano *et al.*, 1990; Park *et al.*, 1990; Era *et al.*, 1991; Henderson *et al.*, 1992). In  $\mu$ -chain transgenic animals, there is a reduction in the IL-7- and stromal cell-dependent cell population. In animals with a  $\kappa$ -chain transgene, an increase in IL-7-dependent cell populations could be observed. Expression of cytosolic  $\mu$  chain promotes differentiation to an IL-7-dependent stage. The  $\mu$  chain-positive cells with a functional light chain gene become IL-7 unresponsive. These results imply that B-cell precursors are driven to the next stage of differentiation by functional immunoglobulin molecules provided by the transgene (Era *et al.*, 1991).

The most precise data concerning the role of IL-7 in B-cell development are provided from IL-7<sup>-/-</sup> or IL-7R $\alpha$ <sup>-/-</sup> mice. B lymphopoiesis in bone marrow appeared to be blocked at the transition to pre-B cells (see Table 1). IL-7<sup>-/-</sup> mice were blocked in the transition between the pro-B (fractions B/C B220<sup>+</sup>/IgM<sup>-</sup>/S7<sup>+</sup>/HSA<sup>+</sup>) to the pre-B-cell population (fraction D, B220<sup>+</sup>, IgM<sup>-</sup>, S7<sup>-</sup>, HSA<sup>+</sup>). Thus, differentiation and maturation of B-C fraction B cells to fraction D appears to be IL-7 dependent (Von Freuden-

$\text{A4.1}^+$ ,  $\text{CD4}^{\text{low}}$  fraction uncommitted progenitor population will have to be such as IL-7, kit ligand (FL) (Matthews et al., 1994) addressed this issue. monocytic-monocytic or on. This activity can be IL-7 acts by stimulating of factor (Vellenga et al.,

factor (MGF) supports macrophage lineage (Kee et al., 1994) does not act directly to lineage. However, IL-7 added to the IL-7 for B cell-specific combination of IL-11- $\text{flt3}$  precursors (Ray et al., 1994) stem cell antigen) bone  $\text{CD43}^+$ ,  $\text{HSA}^+$  B cells a combination of  $\text{flt3}$  differentiation compared combination leads to the

a combination of IL-7 able of proliferating in early pre-B cells, but (Hayakawa, 1991). IL-7-d by regulation of the

relates with IL-7 $\text{R}\alpha$  et al., 1990; Park et al., 1994) transgenic animals, there ation. In animals with ns could be observed. IL-7-dependent stage. come IL-7 unrespon- to the next stage of led by the transgene

development are provided marrow appeared to be e were blocked in the  $\text{A}^+$ ) to the pre-B-cell entiation and maturation (Von Freeden-

Jeffrey et al., 1995; Moore et al., 1996). However, IL-7 receptor (IL-7 $\text{R}\alpha$ ) gene-deleted mice show a block in B-cell development at the transition of pre-pro-B cells (formerly fraction A) to pro-B cells (fraction B) (Peschon et al., 1994). This may be due to the action of other growth factors, potentially the thymic stroma-derived lymphopoietin (TSLP) (Friend et al., 1994; Peschon et al., 1994) or  $\text{flt3}$  ligand (Namikawa et al., 1996). Application of IL-7 neutralizing monoclonal antibodies of mice resulted in a similar B-cell maturation blockade to that observed in IL-7 $\text{R}\alpha$  knockout animals, but not to the B-cell maturation blockade observed in the IL-7 gene-deleted animals (Grabstein et al., 1993; Peschon et al., 1994). One potential explanation is that other cytokines (e.g. TSLP) may utilize the IL-7 receptor as well. Other cytokines, including TSLP, stem cell factor (SCF)/c-kit or  $\text{flt2}/\text{flt3}$  ligand (Veiby et al., 1996a,b), may synergize with IL-7 to regulate B-cell development. The SCF-kit ligand, which represents a growth factor for myeloid and erythroid progenitor cells, synergizes with IL-7 in stimulating B-cell precursor cells (McNiece et al., 1991; Billips et al., 1992; Funk et al., 1993). However, some cytokines appear to counteract the IL-7-mediated effects. For instance, IL-1 $\alpha$  (Suda et al., 1989), IFN- $\gamma$  (Garvy and Riley, 1994) and transforming growth factor- $\beta$  (TGF- $\beta$ ) (Lee et al., 1989) are able to inhibit IL-7-mediated B-cell precursor growth.

Additionally, a number of genes involved in B-cell development may be upregulated by IL-7, including *n-myc*, *c-myc* (Morrow et al., 1992), CD19 (Wolf et al., 1993), the precursor lymphocyte-specific regulatory light chain (PLRLC) (Oltz et al., 1992) and the aminopeptidase BP-1/6C3. Incubation with IL-7 is associated with an increase in 6C3Ag expression by pre-B cells, but not mature B cells. The BP-1/6C3 molecule is expressed by early B-lineage cells and some stromal cells, and represents a type II integral membrane glycoprotein that belongs to the zinc family of metalloproteinases (Sherwood and Weissman, 1990).

In humans, IL-7 does not stimulate proliferation of B-cell lineage cells expressing CD24 (heat-stable antigen). Human pro-B cells but not pre-B cells respond to IL-7 (Ryan et al., 1994; Dittl and LeBien, 1995); this is in contrast to the data for murine cells which suggests that species-specific differences in mode of action exist between humans and mice (Tushinski et al., 1991). This human-rodent dichotomy exists for other cytokines—perhaps most notably IL-4.

In general, human HSC commitment and differentiation has not been as extensively characterized as that of the murine system. However, recent data suggest that certain stages of human B-cell development may not necessarily depend on the presence of IL-7. Using a human bone marrow stromal cell culture system, human HSC CD34 cells underwent commitment, differentiation and expansion into the B-cell lineage as defined by loss of CD34, increased CD19 cell surface expression, and appearance of  $\mu/\kappa$  or  $\mu/\lambda$  cell surface immunoglobulin receptor expressing immature B cells. This was not significantly influenced either by exogenously added IL-7 or by addition of anti-IL-7 neutralizing antibody (Priest and Le Bien, 1996). The implementation of the  $\text{flt3}$  ligand in combination with IL-7 or IL-3 using human fetal bone marrow-derived CD34  $\text{CD19}^+$  pro-B cells in a stromal cell-independent and serum-deprived culture system revealed that  $\text{flt3}$  ligand, like IL-3, synergizes with IL-7 in promoting B-cell growth and differentiation of the majority of cells into  $\text{CD43}^-$ ,  $\text{CD19}^+$ , c (cytoplasmic)  $\text{IgM}^+$ , sIgM $^-$  pre-B cells; a minority of pro-B cells matured into sIgM $^+$  B cells (Namikawa et al., 1996). However, the precise role of IL-7 in human B-cell commitment and differentiation has to be analyzed further.

## IL-7 AND T LYMPHOCYTES

IL-7 added to murine fetal thymic organ cultures (day 13) causes a preferential expansion of immature cells exhibiting the  $CD4^-$ ,  $CD8^-CD3^-$ ,  $CD2^-$ ,  $SCA-1^+$  phenotype. Cells expressing  $\gamma\delta^+$  TCR are increased and the number of  $\alpha\beta^+$  TCRs is decreased. Neutralizing anti-IL-7 antibody inhibits growth of fetal thymocytes (Leclercq *et al.*, 1992; Plum *et al.*, 1993). *In vitro* culture of human fetal thymocytes in recombinant IL-7 results in the proliferation of  $CD4^+$  and  $CD8^+$  thymocytes and partial differentiation of thymocytes with preferential expansion of the  $CD4^+CD8^-$  population (Uckun *et al.*, 1991). IL-7 promotes the growth of pre-T cells from fetal liver at day 14 and promotes the expression of TCR- $\gamma$ ,  $\alpha$  and  $\beta$  genes (Appasamy, 1992). IL-7 mRNA can be detected in the fetal thymus as early as day 12, peaking at day 15 (Wiles *et al.*, 1992). IL-7 stimulates the generation of  $CD3^+$  cells from human bone marrow cultures, with the production of both  $CD4^+$  and  $CD8^+$  populations (Tushinski *et al.*, 1991). These results suggest that IL-7 may be produced locally in the thymic and bone marrow micro-environments and that it plays a role in the proliferation and potential differentiation of immature T cells (Watanabe *et al.*, 1992). Similar studies have indicated that IL-7 induces the proliferation and maintenance of T-lymphocyte numbers, but not T-cell differentiation. However, with the advent of IL-7, or IL-7 $\alpha$  gene-deleted mice, several central questions concerning the role of IL-7 in lymphopoiesis could be addressed in more detail.

The macroscopic examination of IL-7 $^{-/-}$  mice indicated apparently normal development of both fertile sexes. The lymphatic organs or tissues, including thymus and spleen, were dramatically reduced in size and the peripheral lymph nodes and immune cells within Peyer's patches were not detectable (Von Freeden-Jeffrey *et al.*, 1995). Accordingly, the reduced white blood count in IL-7 gene-deleted mice appeared to be due to an absolute reduction in lymphocytes. However, the normal ratio, as well as the absolute numbers of granulocytes and monocytes, was decreased. Overall, the massive lymphocyte reduction in these animals was due to decreased B- and T-cell numbers (Von Freeden-Jeffrey *et al.*, 1995; Moore *et al.*, 1996), reflecting the inefficient thymic development of IL-7-deficient mice. Only 5% of normal thymocyte numbers and 15% of splenic cell numbers could be detected in IL-7 gene-deleted mice (Von Freeden-Jeffrey *et al.*, 1995; Moore *et al.*, 1996). However, these remaining cells appeared to be similar to those observed in normal mice with regard to function, as defined by testing B cells in response to lipopolysaccharide (LPS), splenic T cells to concanavalin A, or proliferation of thymocytes to a mixture of concanavalin A and IL-2 (Von Freeden-Jeffrey *et al.*, 1995).

Similar T-cell abnormalities to those observed in IL-7 gene-deleted mice have been identified in IL-2 $\gamma$  receptor chain knockout mice (Takeshita *et al.*, 1992; Noguchi *et al.*, 1993; DiSanto *et al.*, 1994). As discussed above, the common  $\gamma$  chain is shared by several other cytokines, including IL-2, IL-4, IL-9 and IL-15 (Takeshita *et al.*, 1992; Kondo *et al.*, 1993; Giri *et al.*, 1994). Because IL-2 or IL-4 gene-deleted mice do not exhibit defects in T-cell development, IL-7, but not other cytokines, appears to account for most of the lymphocyte defects observed in murine models of X-SCID associated with abnormalities of the  $\gamma$  chain receptor (Takeshita *et al.*, 1992, 1993; Noguchi *et al.*, 1993; DiSanto *et al.*, 1994).

Thymic T-cell development has been separated into sequential stages based on

ly causes a preferential CD3<sup>-</sup>, CD2<sup>-</sup>, SCA-1<sup>+</sup> number of  $\alpha\beta$ <sup>+</sup> TCRs is fetal thymocytes (Leclercq thymocytes in recombinant and partial differentiated CD8<sup>-</sup> population (Uckun fetal liver at day 14 and 92). IL-7 mRNA can be (Wiles *et al.*, 1992). IL-7 marrow cultures, with the *et al.*, 1991). These results bone marrow micro-differential differentiation of ve indicated that IL-7 umbers, but not T-cell ne-deleted mice, several could be addressed in

currently normal develop- ing thymus and spleen, odes and immune cells *et al.*, 1995). Accord- appeared to be due to an as well as the absolute l, the massive lympho- T-cell numbers (Von the inefficient thymic yte numbers and 15% e (Von Freeden-Jeffrey appeared to be similar ed by testing B cells in lin A, or proliferation Freeden-Jeffrey *et al.*,

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expression of distinct cell surface markers. Thymic IL-7 is produced primarily during fetal development (Chantry *et al.*, 1989; Conlon *et al.*, 1989; Okazaki *et al.*, 1989). CD4<sup>-</sup> CD8<sup>-</sup> fetal and adult immature thymocytes proliferate well in response to IL-7. In contrast, CD4<sup>+</sup> CD8<sup>+</sup> thymocytes respond rather poorly. The capability to respond to IL-7 correlates with expression of the IL-7 receptor  $\alpha$  chain (IL-7R $\alpha$ ) expressed by CD4<sup>-</sup> CD8<sup>-</sup>, CD4<sup>+</sup> CD8<sup>-</sup> and CD4<sup>-</sup> CD8<sup>+</sup>, but not by CD4<sup>+</sup> CD8<sup>+</sup> thymocytes (Chantry *et al.*, 1989; Conlon *et al.*, 1989; Okazaki *et al.*, 1989; Everson *et al.*, 1990; Suda and Zlotnik, 1991). Additional studies have indicated that IL-7 mediates effects on TCR rearrangement. T-cell precursors from thymus or fetal liver cultured in IL-7 express rearranged  $\beta$ - or  $\gamma$ -chain transcripts (Appasamy, 1992; Appasamy *et al.*, 1993; Muegge *et al.*, 1993). IL-7, sustaining expression of the *RAG* genes (Muegge *et al.*, 1993; see above) induces rearrangement of V $\gamma$ 2 and V $\gamma$ 4, but not V $\gamma$ 3 or V $\gamma$ 5, TCR chains in mice (Appasamy *et al.*, 1993). Further evaluation of IL-7 gene-deleted mice showed reduced numbers of total T lymphocytes with preservation of the normal CD4/CD8 ratio and an increased percentage of  $\alpha\beta$ <sup>+</sup> T cells compared with  $\gamma\delta$ <sup>+</sup> T cells (Von Freeden-Jeffrey *et al.*, 1995; Moore *et al.*, 1996). These data suggest that proliferation, and not T-cell differentiation, may be affected. However, more recent data indicate that IL-7 may also be involved in T-cell differentiation.

Immature thymocytes have been divided into four distinct phenotypes based on differential expression of the cell surface markers CD25, CD44 and CD117 (c-kit). CD4<sup>low</sup> cells (CD44<sup>+</sup>, CD25<sup>-</sup>, CD117<sup>+</sup>, CD3<sup>-</sup> CD8<sup>-</sup>) and pro-T cells (CD44<sup>+</sup>, CD25<sup>+</sup>, CD117<sup>+</sup>), representing the early stages of thymic differentiation, are present in IL-7<sup>-/-</sup> mice. In contrast, transition of pro-T cells to pre-T cells (CD44<sup>-</sup> CD25<sup>+</sup>, CD117<sup>-</sup>) and post-pre-T cells (CD44<sup>-</sup>, CD25<sup>-</sup>, CD117<sup>-</sup>) could not be detected in IL-7 gene-deleted mice (Moore *et al.*, 1995, 1996). Interestingly, lack of IL-7 in such animals resulted in decreased expression of the CD117 (c-kit) marker on CD4<sup>low</sup> and pro-T cells as well, indicating that IL-7 may induce expression of yet undefined cytokine receptors during thymic T-cell maturation. Based on these data, current models of IL-7-mediated effects may have to be revised, because IL-7 may be critically involved in T-cell differentiation and not only in thymocyte proliferation. However, other thymic factors (e.g. TSLP) may also be critical for thymic differentiation. Future studies may address whether IL-7-deficient animals exhibit a qualitatively different TCR repertoire in peripheral  $\alpha\beta$ <sup>+</sup> T lymphocytes, particularly in variable TCR chain transcripts which have been shown to be influenced by IL-7 (Appasamy, 1992; Muegge *et al.*, 1993).

More recent studies have scrutinized the role of IL-7 in the development of  $\gamma\delta$ <sup>+</sup> T lymphocytes. IL-7<sup>-/-</sup> mice showed a profound reduction of CD4<sup>-</sup> CD8<sup>-</sup>  $\gamma\delta$ <sup>+</sup> T cells to approximately 1% of normal levels (Von Freeden-Jeffrey *et al.*, 1995; Moore *et al.*, 1996). A substantial body of evidence supports the notion that IL-7 preferentially promotes development of  $\gamma\delta$  TCR<sup>+</sup> thymocytes over  $\alpha\beta$ <sup>+</sup> thymocytes, as a result of differential IL-7R $\alpha$  expression on  $\gamma\delta$ <sup>+</sup> thymocytes compared with  $\alpha\beta$ <sup>+</sup> TCR thymocytes. This notion is supported by the fact that  $\gamma\delta$ <sup>+</sup> T cells are absent in thymus, gut, liver and spleen in IL-7R $\alpha$ <sup>-/-</sup> mice (Peschon *et al.*, 1994).

In contrast,  $\alpha\beta$  TCR<sup>+</sup> lymphocytes, and NK cells appear to be reduced in number, but to develop normally (He and Malek, 1996; Maki *et al.*, 1996). However, NK1<sup>+</sup> T cells can be detected in thymus, liver and spleen of IL-7R $\alpha$ <sup>-/-</sup> mice. Recent data suggested that differentiation of these NK1<sup>+</sup> cells is dependent of signaling via the  $\gamma\delta$  chain and

expansion on IL-7R $\alpha$ -mediated signals (Boesteanu *et al.*, 1997). These results provide reasonable evidence that signal transduction mediated by the IL-7 receptor is a prerequisite for  $\gamma\delta$  T-cell development in both thymic and extrathymic pathways. Of note, thymocyte development in IL-7R $\alpha^{-/-}$  mice can be reconstituted by the introduction of a transgenic TCR, suggesting that one of several functions of the IL-7R $\alpha$  may be to initiate TCR gene rearrangement. This notion is further consolidated by the observation that expression of the *RAG-1* and *RAG-2* genes is also significantly reduced in the thymus of IL-7R $\alpha^{-/-}$  mice, but restored in double-positive thymocytes observed in TCR-transgenic IL-7R $\alpha^{-/-}$  mice (Crompton *et al.*, 1997). Thus, signaling through the IL-7R $\alpha$  appears to be necessary for *RAG* expression and initiation of VDJ rearrangement, as described for VDJ recombinatorial events in B-cell differentiation (see above). VDJ rearrangement may impact on organ-specific immunity. For instance, pulmonary cells with the canonical fetal-type V $\gamma 6$  chain are missing in nude mice owing to a preferred thymic pathway of TCR gene rearrangement, and not to thymic selection. These cells can be restored *in vitro* and *in vivo* by administration of IL-7 (Hayes *et al.*, 1996).

In murine fetal development, T-cell production can be detected at day 15 of gestation. T cells at this stage express the invariant TCR complex composed of V $\gamma 3$  and V $\delta 1$  chains. Maturation of thymocytes is accompanied by differential expression of CD24 (heat-stable antigen) expression. First, immature V $\gamma 3$  cells exhibit a TCR V $\gamma 3^{\text{low}}$  and CD24<sup>+</sup> phenotype, and progress to mature V $\gamma 3^{\text{high}}$  and CD24<sup>-</sup> cells. These  $\gamma\delta^+$  T cells may populate the epidermis, or potentially other epithelial sites, and represent the dendritic epidermal T cells (DETCs). Alternatively,  $\gamma\delta^+$  T cells may mature extrathymically. Interestingly, IL-7 $^{-/-}$  mice characteristically exhibit a block of maturation of V $\gamma 3^{\text{low}}$  CD24<sup>+</sup> T cells to V $\gamma 3^{\text{high}}$  CD24<sup>low</sup> T cells (Moore *et al.*, 1996). This observation provides another piece of evidence that IL-7 does not serve exclusively as a 'maintenance' factor for thymocytes, but may also be involved in T-cell maturation and differentiation.

In recent years, characterization of T lymphocytes residing primarily in the intestine (intestinal intraepithelial lymphocytes; iIELs) has revealed a distinct phenotype as well as different functional activity for such immune cells compared with 'conventional'  $\alpha\beta$  T cells in the periphery (Van Kerckhove *et al.*, 1992; Boismenu and Havran, 1994; Guy-Grand *et al.*, 1994; Havran and Boismenu, 1994; Rocha *et al.*, 1994). Of note, thymic and intestinal epithelial cells share the same embryologic origin as they are both derived from entoderm and may both be capable of secreting IL-7 *in situ* (Namen *et al.*, 1988a; Heufler *et al.*, 1993; Matsue *et al.*, 1993a,b; Ariizumi *et al.*, 1995; Watanabe *et al.*, 1995; Maeurer *et al.*, 1997). Thus, given the fact that IL-7 $^{-/-}$  mice (Moore *et al.*, 1995, 1996; Von Freeden-Jeffrey *et al.*, 1995),  $\gamma\epsilon$  chain knockout mice (Takeshita *et al.*, 1992; Kondo *et al.*, 1993; Noguchi *et al.*, 1993; DiSanto *et al.*, 1994) as well as JAK3-deficient mice (Nosaka *et al.*, 1995; Park *et al.*, 1995) lack  $\gamma\delta^+$  T cells, IL-7 appears to represent the major growth/differentiation factor required for thymic and extrathymic development of  $\gamma\delta$  T cells. Of note,  $\alpha\beta^+$  TCR iIELs are detectable in IL-7 $^{-/-}$  mice, but not in  $\gamma\epsilon$  or in JAK3-deficient mice, suggesting that other cytokines may be critical for generation of  $\alpha\beta$  TCR<sup>+</sup> iIELs, but not necessarily for  $\gamma\delta^+$  TCR iIELs (Takeshita *et al.*, 1992; Noguchi *et al.*, 1993; Di Santo *et al.*, 1994; Moore *et al.*, 1995, 1996; Nosaka *et al.*, 1995; Park *et al.*, 1995; Von Freeden-Jeffrey *et al.*, 1995).

There is strong experimental evidence that TCR<sup>+</sup> iIELs may develop *in situ*. Such immune cells are present in both congenitally athymic nude mice and in athymic



7). These results provide the IL-7 receptor is a thymic pathway. Of the IL-7R $\alpha$  may be solidated by the observation (see above). VDJ recombination, as a consequence, pulmonary cells are owing to a preferred selection. These cells can (Kanamori *et al.*, 1996).

At day 15 of gestation, of V $\gamma$ 3 and V $\delta$ 1 chains. Expression of CD24 (heat-labile  $\gamma\delta$  T cells may represent the dendritic nature extrathymically. maturation of V $\gamma$ 3<sup>low</sup> (96). This observation exclusively as a 'main-cell maturation and

marily in the intestine not phenotype as well as 'conventional'  $\alpha\beta$  T cells (Havran, 1994; Guy-Plé *et al.*, 1988a; Heufler *et al.*, 1995; Maeurer *et al.*, 1995, 1996; Von *et al.*, 1992; Kondo *et al.*, 1992). JAK3-deficient mice appear to represent the thymic development of  $\gamma\delta$  T cells, but not in  $\gamma\delta$  or in  $\alpha\beta$  T cells for generation of  $\alpha\beta$  T cells (Noguchi *et al.*, 1995; Park *et al.*,

develop *in situ*. Such mice and in athymic

radiation chimeras (for review see Poussier and Julius, 1994; Klein, 1996). Much more controversy surrounds the origin of the various subsets of iIELs which show a limited TCR repertoire (Van Kerkhove *et al.*, 1992; Guy-Grand *et al.*, 1994; Poussier and Julius, 1994). IL-7 gene-deleted mice may help to define the impact of IL-7 in the generation and TCR composition of  $\alpha\beta$ <sup>+</sup> TCR lymphocytes at different anatomic sites, preferentially in the intestine. Recently, clusters of lymphocytes located in crypt lamina propria (designated cryptopatches) have been characterized within the murine small and large intestinal mucosa (Kanamori *et al.*, 1996). Such lymphoid cells are characterized by cell surface expression of CD117<sup>+</sup> (c-kit), IL-7R $\alpha$ <sup>+</sup> and Thy1<sup>+</sup>, and by the absence of markers for CD3,  $\alpha\beta$  TCR,  $\gamma\delta$  TCR, sIgM and B220. It has been proposed that the immune cell population first detected at days 14–17 after birth may represent the lymphohematopoietic progenitors for T and B cells in the intestine. The prominent role of IL-7 in lymphopoietic development is further underscored by the observation that such cryptopatch-associated lymphoid cells are virtually absent in IL-7R $\alpha$ -deficient mice (Kanamori *et al.*, 1996).

### IL-7 IN ANTI-MICROBIAL IMMUNE RESPONSES

The role of cytokines in regulation of the host immune response to intracellular and extracellular pathogens has become increasingly understood. Regarding the infection of mice or humans with obligate intracellular pathogens, the T helper cell-1 (T<sub>H</sub>1)-type response, as defined by secretion of IFN- $\gamma$ , IL-2 and IL-12, appears to represent the principal mediator directed against intracellular infection. Recently, a number of studies have indicated a central role for IL-7 in infections with intracellular bacteria or parasites. Interestingly, IL-7 has a somewhat 'Janus-faced' role, depending on the infection model studied or on the time of IL-7 application in the course of the disease.

Examples of apparently beneficial effects are to be found in murine models of infections with *Mycobacterium* species, or with the parasite *Toxoplasma gondii*. Female A/J mice treated with IL-7, commencing at the time of infection (2  $\mu$ g daily for 2 weeks) with *T. gondii*, survived. In contrast, mice treated after infection (or not treated) died. *In vivo* depletion experiments have revealed that asialo GM1<sup>+</sup> NK cells as well CD8<sup>+</sup> T cells are required for protection against the intracellular parasite. Additionally, the IL-7-mediated effects appear to be predominantly mediated by IFN- $\gamma$  secretion, as *in vivo* depletion of IFN- $\gamma$  abolished the IL-7 protective effects (Kasper *et al.*, 1995).

In a different infection model, a combination of IL-7 with IL-1 $\beta$  augments anti-*Listeria monocytogenes*-directed immune responses in mice. The cellular immune response is predominantly mediated by peritoneal  $\gamma\delta$  T lymphocytes which specifically react to heat-killed *Listeria* preparations in the presence of macrophages as accessory cells in a non-H2-restricted manner. Additionally, the IL-7 responsiveness of  $\gamma\delta$  T cells was enhanced in the presence of accessory cells. This effect could be replaced by exogenous IL-1 (Skeen and Ziegler, 1993).

Similarly, IL-7 appears to be involved in the successful immune response directed against infections with mycobacteria. The infection with *Mycobacterium leprae* represents a particular spectrum of the disease, in which the clinical manifestations correlate with the quantity and quality of the cellular immune response. Increased IL-7 mRNA and IL-7 receptor mRNA expression correlates with the tuberculoid form of the disease, in which the infection is limited. In contrast, the lepromatous form, which shows

progressing disease, does not show significant IL-7 mRNA expression (Sieling *et al.*, 1995). Additionally, IL-7 inhibits the intracellular growth of *M. avium complex* (MAC) in human macrophages *in vitro* (Tantawichien *et al.*, 1996). MAC represents a common opportunistic pathogen common in patients with human immunodeficiency virus (HIV) infection. Mononuclear phagocytes represent a major reservoir for MAC in the susceptible host. Such infections are often resistant to standard treatment protocols. Therefore, additional treatment modalities may be required to control MAC infections. For instance, previous studies have shown that treatment of human macrophages with tumor necrosis factor- $\gamma$  (TNF- $\alpha$ ) or granulocyte-macrophage colony stimulating factor (GM-CSF) leads to mycobacteriostatic or mycobactericidal activity (Denis, 1991). Additionally, MAC infection of human macrophages results in the generation of TGF- $\beta$ , which inhibits the capacity of infected cells to control bacterial growth (Bermudez, 1993). Treatment of human macrophages with IL-7 results in a dose-dependent reduction in the number of intracellular bacteria. When IL-7 was added to cultured macrophages before infection, the anti-MAC activity was diminished compared with that obtained when IL-7 was added to MAC-infected cells (Tantawichien *et al.*, 1996). The authors have obtained similar results with virulent *M. tuberculosis* bacilli.

Treatment of Balb/c mice preinfected with *M. tuberculosis* resulted in up to 100% increased survival compared with that in non-treated mice, or in mice treated with IL-2 or IL-4. These IL-7-mediated effects can be transferred passively, using spleen cells derived from IL-7 treated and *M. tuberculosis*-infected animals, to mice that have been preinfected with mycobacteria. In contrast, transfer of cells from mice treated with IL-7 alone did not result in an increased survival rate compared with control animals, suggesting that priming with *M. tuberculosis* is required to elicit antimicrobial immune responses facilitated by IL-7 treatment (the authors' unpublished observations). In other studies using IL-7 as a treatment, the IL-7-mediated effects could be abolished by antihuman TNF- $\alpha$  antibody. In contrast, IL-7 did not decrease the TGF- $\beta$  secretion by macrophages upon infection, an observation that was found to be true for IL-7-mediated downregulation of IL-2 or LPS-induced TGF- $\beta$  mRNA expression in murine macrophages (Dubinett *et al.*, 1993). Therefore, IL-7 may exert some of its effects by inducing or potentiating proinflammatory cytokines, such as IL-1 $\alpha$ , IL-1 $\beta$ , IL-6 and TNF- $\alpha$  (Alderson *et al.*, 1991). Additionally, some of the antibactericidal effects of macrophages are mediated by generation of nitric oxide and superoxide radicals, both of which are induced by IL-7 (Alderson *et al.*, 1991; Gessner *et al.*, 1993).

However, IL-7 does not always appear clinically to benefit animals with intracellular infections. For instance, earlier results indicated that IL-7 mediates antimicrobial activity against the intracellular parasite *Leishmania major* in murine macrophages *in vitro* (Gessner *et al.*, 1993). In contrast, treatment of susceptible Balb/c mice with IL-7 at the onset of infection leads to enhanced lesion development and accelerates death of treated animals, correlating with an up to 40-fold increased parasite burden in the spleen and lymph nodes. Analysis of cellular immune responses of such animals has revealed that lymphocytes obtained from IL-7-treated mice produced comparable amounts of the T<sub>H</sub>2 cytokines IL-4 and IL-10, but less IFN- $\gamma$  in response to antigen (Gessner *et al.*, 1995). This observation suggests that a number of other factors may be involved in the complex interactions of cytokines; for instance, IL-7 upregulates the anti-CD3, or anti-CD3/anti-CD28-induced IFN- $\gamma$  and IL-4 mRNA expression in (human) T lymphocytes (Borger *et al.*, 1996).



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man) T lymphocytes

One of the major alterations in the cellular composition of IL-7-treated animals appears to be a rise in total cell numbers in the B-cell compartment. To elucidate the nature of the potentially deleterious B-cell responses, mice with the X-SCID were evaluated. Such animals typically lack B1 cells and exhibit reduced numbers and functions of B2 cells. B1 cells (formerly referred to as Ly-1 B or CD5<sup>+</sup> B cells) represent a small subpopulation with a distinct phenotype, and developmental and functional properties. B1 cells express a unique array of cell surface molecules, in addition to expression of the CD5 marker; they are preferentially generated from fetal or neonatal sources of progenitors, and the antibodies derived from B1 cells are predominantly of the IgM class, show minimal hypermutation and a high frequency of low-affinity, poly- or self-reactive specificities (for review see Stall and Wells, 1996). The absence of these cells leads to reduced susceptibility against infections with intracellular parasites (e.g. *Leishmania* species). Of note, following application of a single IL-7 dose concomitant with *Leishmania* infection, the clinical course resembled that in susceptible Balb/mice with an up to 100-fold enhanced parasite load in treated animals. Again, examination of CD4<sup>+</sup> *Leishmania*-specific T lymphocytes revealed that IFN- $\gamma$  secretion is reduced in IL-7-treated Balb/c X-SCID mice compared with that in control animals, and that the population of B2 (B220<sup>+</sup>, sIgM<sup>+</sup>, MHC class II<sup>+</sup>) cells appeared to be significantly enhanced. However, the nature of the disease-aggravating effects of IL-7 remain to be elucidated. One potential mechanism may be antigen presentation by B cells, an event that may lead to preferential activation and expansion of the T<sub>H2</sub>-type lymphocytes.

A similar dichotomy of IL-7 has emerged in infection with HIV. Previous studies suggested that exogenous recombinant human IL-7 (rhIL-7) is capable of augmenting the generation of antiviral-directed cytotoxic T-lymphocyte (CTL) responses (Carini *et al.*, 1994). Examination of HIV-infected individuals testing negative for anti-HIV-1-specific CTL reactivity indicated that CD8<sup>+</sup> and CD4<sup>+</sup> T cells lack IL-7 receptor cell surface expression, which may be attributed to production of insufficient numbers of IL-7R upon retroviral infection or, alternatively, to increased shedding of the IL-7 receptor (Carini and Essex, 1994; Carini *et al.*, 1994). Because HIV infection is accompanied with reduced numbers in the CD4<sup>+</sup> cell compartment and associated with loss of cytotoxic CD8<sup>+</sup> T-cell activity, several cytokines capable of modulating the immune system have been contemplated for implementation in treatment of HIV-positive individuals. IL-7 is such a candidate (as well as IL-2, IL-12 and IL-15) because it not only enhances anti-HIV-directed CD8<sup>+</sup> T-cell responses, but also augments both CD4<sup>+</sup> T helper cell-dependent humoral immune responses and CD8<sup>+</sup> cytotoxic T-cell reactivity in mice immunized with the HIV envelope protein (Bui *et al.*, 1994).

However, caution must be exercised before implementing these cytokines, including IL-7, into clinical protocols, as exogenous IL-7 induces virus replication and increases proviral DNA levels in PBMC cultures, and increases the levels of doubly spliced HIV-1 TAT RNA (Smithgall *et al.*, 1996). These effects are not inhibited by neutralizing IL-1 $\beta$ , IL-2, IL-6 or TNF- $\alpha$  activity. However, CD8<sup>+</sup> T cells inhibit the increase in viral replication induced by IL-7 stimulation, although they do not prevent virus replication following CD3 ligation in the presence of IL-7, an event that can also be mimicked by adding IL-7 to anti-CD3 antibody-stimulated HIV<sup>+</sup> PBMC cultures, resulting in enhanced HIV production (Moran *et al.*, 1993). However, the results obtained from such studies have addressed the role of exogenous IL-7 in HIV replication *in vitro*. They have not addressed the role of endogenous IL-7 on viral load or viremia.

The concentration of IL-7 in plasma from HIV-seronegative individuals as measured by enzyme-linked immunosorbent assay ranges from 1.6 to 9.8 pg/ml (R&D Systems, 1994). These concentrations are 1000-fold lower than the amount of IL-7 implemented for *in vitro* assays. However, there are clinical conditions in which raised IL-7 levels have been determined. For instance, plasma and synovial fluid levels of IL-7 are increased significantly in patients with systemic juvenile rheumatoid arthritis, but not in those with polyarticular or pauciarticular juvenile rheumatoid arthritis, or in patients with other rheumatic diseases (De Benedetti *et al.*, 1995), in patients with untreated Hodgkin's lymphoma (Trumper *et al.*, 1994) and in some with colorectal or renal cell cancer (authors' unpublished observation). However, the precise source and the functional consequence of such increased IL-7 serum levels remain to be determined.

IL-7 mRNA has been observed in a number of different infections, and exogenously added IL-7 (provided either by the recombinant protein or by retroviral infections) has been shown to augment specific cellular immune responses. For instance, IL-7 mRNA has been detected in patients with *Helicobacter pylori*-positive gastritis, but not in *H. pylori*-negative controls (Yamaoka *et al.*, 1995). Others have shown that IL-7 helps the induction of antiviral specific T-cell responses using synthetic peptides and IL-7 as an adjuvant (Kos and Mullbacher, 1992, 1993), or that IL-7 overcomes anergy in parasite-specific cellular immune responses (Sartono *et al.*, 1995), and facilitates expansion of tetanus toxoid (Kim *et al.*, 1994), or dengue virus-specific cytotoxic CD4<sup>+</sup> T-cell clones (Berrios *et al.*, 1996).

#### IL-7 IN 'TISSUE-SPECIFIC' IMMUNITY

Detection of IL-7 mRNA in various tissues has rekindled interest in the role of IL-7 in promoting local immune responses (see Table 2). IL-7 has been reported to be produced by human and murine keratinocytes (Heufler *et al.*, 1993; Matsue *et al.*, 1993a,b; Ariizumi *et al.*, 1995) and serves a major growth factor for dendritic epidermal T cells (DETCs) which express the  $\gamma\delta$  TCR (Matsue *et al.*, 1993a,b). The mouse epidermis harbors a T-cell population characterized by expression of CD3, asialo-GM1, CD2, Thy-1, Ly48 and E-cadherin, but not CD4 or CD8 phenotypic markers (Steiner *et al.*, 1988). Such DETCs express the  $\gamma\delta$  TCR composed of the V $\gamma$ 3 and V $\delta$ 1 chains without junctional diversity (Steiner *et al.*, 1988; Matsue *et al.*, 1993a,b; Moore *et al.*, 1996). These  $\gamma\delta$  T-cell effector cells may monitor stressed keratinocytes, or recognize class Ib antigens (e.g. T1a or Qa) (for review see Hayday, 1995). Keratinocytes express constitutively IL-7 mRNA for IL-7 and secrete *in vitro* biologically meaningful amounts of IL-7 protein. IL-7 appears not only to serve as the principal growth factor for DETCs (Fig. 2) but also prevents apoptosis in DETCs exposed to ultraviolet B radiation or corticosteroid treatment (Takashima *et al.*, 1995). This fits well into earlier observations that IL-7 is superior, when compared with IL-2, in maintaining viability and responsiveness in antigen-specific T-cell lines. Additionally, IFN- $\gamma$  secreted by  $\gamma\delta$  T cells appears to inhibit growth of murine keratinocytes (Takashima and Bergstresser, 1996). IL-7 has been shown to augment expression of leukocyte functional antigen-1 (LFA-1) and very late activation antigen-4 in human phorbol myristate acetate (PMA) and calcium-stimulated peripheral blood lymphocytes (PBLs), enhancing the capacity of these cells to adhere to parenchymal cell monolayers (Fratàzzi and Carini, 1996). Additionally, IL-7 appears to induce cell surface expression of the costimulatory

Table 2. IL-7 mRNA or protein detection in cell lines and tissues.

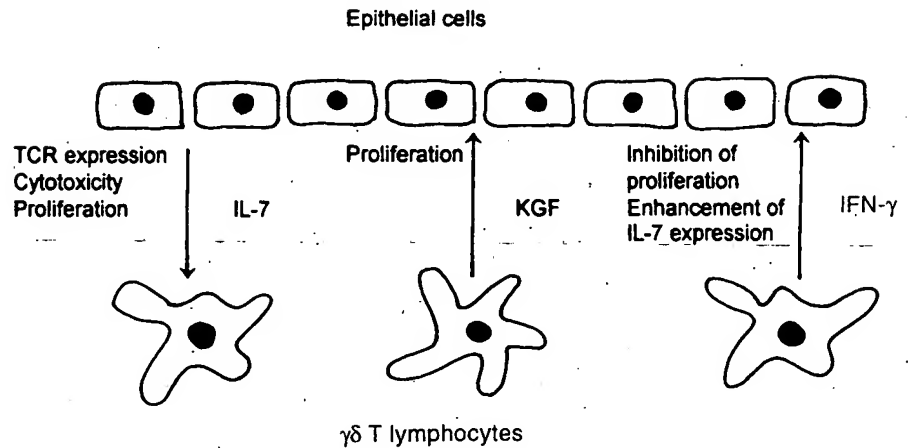
Tissue or cell type	Detection of mRNA	Detection of protein	Reference
Bone marrow stromal cells	+ (h, m)	+ (h, m)	Namen <i>et al.</i> (1988a,b) Sudo <i>et al.</i> (1989) Witte <i>et al.</i> (1993)
Spleen	+ (h, m)	n.d.	Namen <i>et al.</i> (1988a,b) Goodwin <i>et al.</i> (1989)
Kidney	+ (h, m)	n.d.	Namen <i>et al.</i> (1988a,b) Authors' unpublished results
Kidney allograft	+ (h)	n.d.	Strehlau <i>et al.</i> (1997)
Renal cell cancer (RCC) tissue sections or RCC cell lines	+ (h)*	+ (h)	Authors' unpublished results
Fetal and adult thymus	+ (h, m)	+ (h, m)	Namen <i>et al.</i> (1988a,b) Goodwin <i>et al.</i> (1989) Montgomery and Dallman (1991) Sakata <i>et al.</i> (1990) Wiles <i>et al.</i> (1992) Authors' unpublished results
Thymic stromal cells	+ (m)	+	Sakata <i>et al.</i> (1990) Gutierrez and Palacios (1991)
Hassall's corpuscles	+ (h)	n.d.	He <i>et al.</i> (1995)
Keratinocytes	+ (h, m)	+ (h, m)	Heufler <i>et al.</i> (1993) Matsue <i>et al.</i> (1993a,b)
Intestinal epithelial cells, epithelial goblet cells	+ (h)	+ (h)	Watanabe <i>et al.</i> (1995)
Colorectal cancer cells	+ (h)*	+ (h)	Maeurer <i>et al.</i> (1997) Authors' unpublished results
Uterus	+ (m)	n.d.	Appasamy (1997)
Brain	+ (h)	n.d.	Appasamy (1997)
Adult liver	+ (r)	n.d.	Appasamy (1997)
Hepatocarcinoma	+ (h)*	n.d.	Goodwin <i>et al.</i> (1989)
EBV* B-cell lines	+ (h)	+ (h)	Benjamin <i>et al.</i> (1994)
Burkitt's lymphoma cells	+ (h)	+ (h)	Benjamin <i>et al.</i> (1994)
Chronic B-lymphocytic leukemia cells	+ (h)*	+ (h)	Frishman <i>et al.</i> (1993) Long <i>et al.</i> (1995)
Bladder cancer	+ (h)	n.d.	Kaashoek <i>et al.</i> (1991)
Inflammatory malignant fibrous histiocytoma	+ (h)	n.d.	Melhem <i>et al.</i> (1993)
Follicular dendritic cells	+ (h)*	+ (h)	Kröncke <i>et al.</i> (1996a,b)
Fibroblasts	+ (m)		Aiba <i>et al.</i> (1994)
Oral mucosa	+ (h)	+ (h)	Kröncke <i>et al.</i> (1996a,b)
Vascular endothelial cells	+ (h)	+ (h)	Kröncke <i>et al.</i> (1996a,b)
Hodgkin cell line, nodular sclerosing type	+ (h)	n.d.	Bargou <i>et al.</i> (1993)
Sézary lymphoma cells	+ (h)†	n.d.	Foss <i>et al.</i> (1994, 1995) Asadullah <i>et al.</i> (1996)†
Lesions from tuberculoid lepra	+ (h)	+ (h)	Sieling <i>et al.</i> (1995)

n.d., Not determined; h, human; m, mouse; r, rat.

\*Cloning and sequence analysis of mRNA exhibits alternatively spliced forms(s) of IL-7; †IL-7 mRNA did not appear to be overexpressed as determined by semiquantitative analysis of skin biopsies from patients with mycosis fungoides or with pleomorphic T-cell lymphoma compared with biopsies obtained from normal skin, psoriatic lesions or atopic dermatitis.

individuals as measured 8 pg/ml (R&D Systems, Int of IL-7 implemented h raised IL-7 levels have ls of IL-7 are increased tis, but not in those with r in patients with other th untreated Hodgkin's tal or renal cell cancer rce and the functional rtermed. ctions, and exogenously etroviral infections) has r instance, IL-7 mRNA gastritis, but not in *H.* own that IL-7 helps the eptides and IL-7 as an mes energy in parasite-facilitates expansion of xic CD4<sup>+</sup> T-cell clones

st in the role of IL-7 in eported to be produced atsue *et al.*, 1993a,b; dritic epidermal T cells The mouse epidermis D3, asialo-GM1, CD2, markers (Steiner *et al.*, nd Vδ1 chains without y; Moore *et al.*, 1996). s, or recognize class Ib Keratinocytes express ologically meaningful rincipal growth factor posed to ultraviolet B. his fits well into earlier i maintaining viability FN-γ secreted by γδ T ima and Bergstresser, e functional antigen-1 ristate acetate (PMA) ancing the capacity of zi and Carini, 1996). of the costimulatory



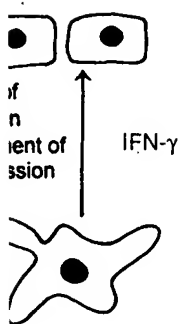
**Fig. 2.** Tissue-specific immunity: a central role for IL-7 in the interactive milieu of cytokines elaborated by epithelial cells and  $\gamma\delta$  T lymphocytes. IL-7 secreted by epithelial cells (e.g. keratinocytes) *in situ* is able to maintain viability of  $\gamma\delta$  T cells and is critically involved in thymic and extrathymic development of  $\gamma\delta$  T cells. IFN- $\gamma$  produced by  $\gamma\delta$  T cells alters the IL-7 mRNA transcript pattern in murine keratinocytes (Ariizumi *et al.*, 1995). IFN- $\gamma$  is able to augment IL-7 secretion by epithelial cells (Ariizumi *et al.*, 1995; Sieling *et al.*, 1995) and inhibits proliferation and immune functions of keratinocytes and downregulates the mitotic capacity of Langerhans cells (Sillevis Smith *et al.*, 1992; Matsue *et al.*, 1993b; Xu *et al.*, 1995). In contrast, keratinocyte growth factor (KGF) secreted by  $\gamma\delta$  T cells induces proliferation of murine epithelial cells (Boismenu and Havran, 1994).

molecule B7/BB1 as well as intercellular adhesion molecule-1 (ICAM-1) (CD54) on pre-B cells (see Table 1). Acquisition of B7 molecule(s) may be biologically relevant if B cells act as antigen-presenting cells (Dennig and O'Reilly, 1994).

IL-7 as a growth factor for  $\gamma\delta$  T cells homing to epidermis represents a critical growth factor in the evolution of contact sensitivity to trinitrochlorobenzene, which can be abrogated by administering monoclonal antibodies to  $\gamma\delta$  T cells *in vivo*.  $\gamma\delta$  T cells invading the respective antigen challenge site typically exhibit a  $CD8\alpha^+$ ,  $CD8\beta^-$ ,  $IL-4R^+$   $V\gamma3^+$  phenotype, and proliferate in response to IL-7 but not to IL-2 or IL-4. Moreover, *in vivo* application of IL-7 neutralizing antibody inhibits accumulation of  $V\gamma3^+$  T cells in the skin, as well as in the regional lymph nodes adjacent to the sensitization site (Dieli *et al.*, 1997). In addition to keratinocytes, other cell types (e.g. fibroblasts) within the epidermis may also provide biologically meaningful IL-7 levels *in vivo* (Aiba *et al.*, 1994). Perhaps the best illustration that IL-7 serves as the major growth factor for IELs is provided by studies from Williams and Kupper, who showed that the epidermal density of DETCs is increased substantially in keratin-14 promoter-driven IL-7 transgenic mice, in which ectopic IL-7 is produced exclusively by keratinocytes (cited as a personal communication in Takashima and Bergstresser, 1996).

The role of IL-7 in skin immune reactions is underscored by the observation that IL-7 mRNA appears to be upregulated in mite allergen patch test reactions in patients with atopic dermatitis (Yamada *et al.*, 1996). The site of positive patch reactions also tested positive for eosinophilic infiltrations. Noteworthy in this context, IL-7 is also capable of upregulating the low-affinity receptor for IgE (CD23) in activated PBLs (Fratuzzi and Carini, 1996).

IL-7 may not only be involved in creating an interactive environment of keratinocytes



of cytokines elaborated by dendritic cells *in situ* is able to promote proliferation of  $\gamma\delta$  T cells. IFN- $\gamma$  (Ariizumi *et al.*, 1995). (Goodwin *et al.*, 1989) and inhibits the capacity of Langerhans cells to produce growth factor (KGF) (Havran, 1994).

CD54) on pre-activated B cells

represents a critical growth factor, which can be demonstrated *in vivo*.  $\gamma\delta$  T cells express a CD8 $\alpha^+$ , CD8 $\beta^-$ , and are not responsive to IL-2 or IL-4. IL-7 inhibits accumulation of dendritic cells adjacent to the epithelium and other cell types (e.g. keratinocytes). High levels of IL-7 are found in the gut as the major growth factor for T cells who showed that the IL-7 promoter-driven reporter gene is regulated by keratinocytes (Vidal *et al.*, 1996).

The observation that IL-7 promotes T cell maturation in patients with Crohn's disease also tested IL-7 is also capable of inducing proliferation of T PBLs (Fratuzzi and

growth of keratinocytes

and  $\gamma\delta$  T cells; it may also play a role in the germinal center reaction (Kröncke *et al.*, 1996a). IL-7 mRNA and protein have been detected in human follicular dendritic cells (FDCs) obtained from tonsils. However, mature peripheral IgM $^+$  B cells are non-responsive to IL-7, whereas anti- $\mu$ -stimulated tonsillar B cells proliferate in response to IL-7 without secreting immunoglobulins, suggesting that IL-7 may be indeed be able to regulate B-cell responses in the periphery. In addition to skin and tonsils, IL-7 mRNA and protein have been detected in human intestinal cells (Reinecker and Podolsky, 1995; Watanabe *et al.*, 1995), in human colorectal tumor cells (Maeurer *et al.*, 1997), in normal kidney (Goodwin *et al.*, 1989) and in human renal cell cancer cell lines (authors' unpublished observation). These cells produce significant amounts of IL-7 protein *in vitro*. Of interest, raised IL-7 mRNA expression appears to represent one of the most sensitive markers of graft rejection in patients after kidney transplantation (Strehlau *et al.*, 1997).

IL-7 promotes the growth of lamina propria lymphocytes and inhibits CD3-dependent proliferation of these cells (Watanabe *et al.*, 1995). IL-7, in comparison with IL-2, promotes the preferential expansion of (short term; day 14) cultured tumor-infiltrating lymphocytes obtained from patients with colorectal cancer (Maeurer *et al.*, 1997). Long-term *in vitro* culture of human iIELs harvested from patients with colorectal cancer with IL-7 results in preferential outgrowth of V $\delta$ 1 $^+$  T cells (Maeurer *et al.*, 1995, 1996) which recognize colorectal cancer cells, renal cell cancer and pancreatic cancer cell lines (Maeurer *et al.*, 1996). Such immune effector cells release significant amounts of IFN- $\gamma$ . Interestingly, human intestinal cells also appear to express the IL-7R $\alpha$ . Stimulation of such cells with IL-7 leads to rapid tyrosine phosphorylation of proteins (Reinecker and Podolsky, 1995).

The physiologic role of such IL-7-responsive epithelial cell lines remains to be elucidated. Presumably, IL-7 may represent a member of a family of epithelial growth factors, which promote homing, maturation and maintenance of IL-7-responsive immune cells (see Fig. 2). Thus, IL-7 may be an important cytokine involved in creating an interactive environment of epithelial cells and lymphocytes. Murine  $\gamma\delta$  T cells secrete keratinocyte growth factor (KGF), which promotes proliferation of epithelial cells (Boismenu and Havran, 1994). Conversely, human epidermal growth factor (EGF) (Reinecker and Podolsky, 1995) increases IL-7R $\alpha$  mRNA expression in human colorectal cancer cell lines. Human KGF (authors' unpublished observation) stimulates IL-7 mRNA expression and IL-7 protein secretion by human intestinal cells. Therefore, EGF and/or KGF and IL-7 may represent cytokines involved in the homeostasis of epithelial and immune cells *in vivo* (see Fig. 2). The 'nourishing' capacity of intestinal cells is further substantiated by the observation that bone marrow cells develop into phenotypically mature T cells using a co-culture system with the intestinal epithelial cell line MODE-K (Vidal *et al.*, 1993; Maric *et al.*, 1996). Whether IL-7 is one of the principal factors mediating these effects remains to be determined.

More recently, several reports have addressed the role of IL-7 and IL-7R $\alpha$  mRNA expression in developing tissues. The observation that IL-7 stimulates maturation of embryonic hippocampal progenitor cells in culture suggests that IL-7 may effect proliferation and differentiation of immature cells of non-hematopoietic origin (Mehler *et al.*, 1993). IL-7 and IL-7R mRNA expression can also be observed in the developing brain, and treatment of culture of embryonic brain with exogenous IL-7 leads to increased neuronal survival and greater numbers of cells exhibiting neurite outgrowth.

One of the IL-7-mediated effects may be via phosphorylation of p59<sup>fyn</sup> (Michaelson *et al.*, 1996).

IL-7 may also be involved in local immune reactions affecting the eye. The neuroectodermis-derived retinal pigment epithelium (RPE) contributes to the blood-retina barrier regulating infiltration of immune cells in retinal diseases. Activation of RPE cells leads to expression of MHC class II antigens and adhesion molecules. Additionally, IL-7 is able to induce monocyte chemotactic protein-1 and IL-8 in such RPE cells (Elner *et al.*, 1996). However, further studies may address whether IL-7 can be detected in retina-associated diseases *in vivo*.

## IL-7 AND CANCER

IL-7 may play different roles in cancer-bearing hosts, dependent on the tumor and status of the immune system. First, IL-7 mRNA, IL-7 protein and the IL-7R $\alpha$  have been demonstrated in some hematologic malignancies, suggesting that IL-7 may serve as a growth factor in an autocrine fashion. Some tumor cells exhibit expression of the IL-7R $\alpha$  without IL-7 expression, and may be responsive to IL-7 provided by different cell types. Second, IL-7 may be implemented as a treatment for cancer as IL-7 increases immune effector cell functions by T lymphocytes, NK cells and macrophages. IL-7 may be provided by systemic application, or it may be secreted by genetically engineered tumor cells to induce a strong and long-lived immune response. Third, IL-7 may be one of several growth factors to be used for recovery from bone marrow transplantation in the setting of treatment for hematologic malignancy or, alternatively, for bone marrow rescue after high-dose chemotherapy treatment of solid tumors (e.g. breast cancer).

### IL-7 and IL-7R $\alpha$ Expression in Cancer

IL-7 mRNA and protein expression have been identified in solid tumors including colorectal and renal cell cancers (Watanabe *et al.*, 1995; Maeurer *et al.*, 1997; the authors' unpublished observations). Both tumor cell types express the IL-7R $\alpha$  receptor and the common  $\gamma$ c chain. IL-7 mRNA has also been observed in tumor cells of nodular sclerosing and mixed cellularity type of Hodgkin's disease (Bargou *et al.*, 1993; Foss *et al.*, 1995). The prominent immune cell infiltrate observed in most cases of Hodgkin's disease may be attributed to local delivery of IL-7 *in vivo*. IL-7 serum levels may also be increased in patients with Hodgkin's disease (Trumper *et al.*, 1994; Gorschluter *et al.*, 1995). Similarly, Sézary's lymphoma cells express IL-7R $\alpha$  and proliferate in response to IL-7. However, some of these lymphoma cells obtained from different patients (3/5) also expressed IL-7 mRNA (Foss *et al.*, 1994).

It has been presumed that keratinocyte-secreted IL-7 may serve as a growth factor for cutaneous T-cell lymphomas. This hypothesis is substantiated by examination of IL-7 transgenic mice. In transgenic mice, in which the IL-7 gene is expressed under the control of the mouse MHC class II (E $\alpha$ ) promoter (Mertsching *et al.*, 1995), a lymphoproliferative syndrome characterized by early polyclonal expansion of T lymphocytes followed by development of pro-pre-B and bipotential myeloid/B-cell tumors can be observed in about 25% of C57Bl/6, and in up to 100% of Balb/c mice (Mertsching *et al.*, 1995, 1996). If the IL-7 gene is controlled by the Sra promoter, which is expressed constitutively in many tissues, development of cutaneous ( $\gamma\delta^+$  TCR) lymphomas may be observed



(Uehira *et al.*, 1993). A number of leukemia and lymphoma cells isolated from patients have been screened for their growth responses and/or dependence on IL-7: many but not all proliferate when exposed to IL-7 and the cell types include B- and T-cell malignancies (Eder *et al.*, 1990; Touw *et al.*, 1990; Makrynika *et al.*, 1991; Shand and Betlach, 1991; Skjonsberg *et al.*, 1991; Lu *et al.*, 1992; Yoshioka *et al.*, 1992). Evidence of lymphoid maturation of the tumor cells in response to IL-7 incubation was not observed (Eder *et al.*, 1990).

In a separate study, pre-B cells transformed by a variety of oncogenes were tested for IL-7 production. None produced any IL-7 bioactivity. IL-7 overexpression achieved by removing portions of the 5' flanking region was not associated with dramatic colony formation in agar, and most clones were not tumorigenic *in vivo* (syngeneic mice) (Young *et al.*, 1991).

It seems, therefore, that production of IL-7 does not represent a final common step in the malignant transformation of lymphoid cells, but that in selected malignancies it may represent a target for therapeutic intervention. For instance, IL-7 may represent an 'antiapoptotic' factor for some hematopoietic malignancies: IL-7 induces in murine T-cell lymphoma cells (CS-21) expression of the Bcl2 protein and suppresses the CPP32-like protease (Lee *et al.*, 1996). An additional role for IL-7 in malignant progression has been suggested by the observation that IL-7 upregulates ICAM expression by melanoma cells, a phenotype correlated with metastatic behavior (for review see Möller *et al.*, 1996).

A detailed study addressed IL-7R $\alpha$  expression in several types of cutaneous and nodal lymphoma. IL-7R $\alpha$  was not expressed in cutaneous B-cell lymphomas, benign cutaneous lymphoid infiltrates or reactive lymph nodes. In contrast, IL-7R $\alpha$  was expressed in over 50% of all histologic types of cutaneous T-cell lymphoma (Bagot *et al.*, 1996). IL-7 mRNA and protein are also readily detectable in B-cell chronic lymphocytic leukemia (B-CLL) cells. The coincidence of IL-7 mRNA downregulation and apoptosis in B-CLL cells suggested that IL-7 gene expression may be required for B-CLL viability *in vivo*. Of note, IL-7 downregulation and apoptosis could be prevented by co-culture of B-CLL cells with human umbilical cord endothelial hybrid cells (EA.hy926). Cell-cell contact appears to be a prerequisite, as cell culture supernatant could not reconstitute the effect, indicating that poorly defined integrins expressed on B-CLL cells may affect IL-7 gene expression and apoptosis (Long *et al.*, 1995). Moreover, IL-7 mRNA and protein elaborated by B-CLL cells may account for some of the clinical symptoms: some patients with CLL may experience suppression of immune responses and also autoimmune symptoms (Frishman *et al.*, 1993). Of note, cloning of the IL-7 gene product from B-CLL cells revealed that at least a different, alternatively spliced, IL-7 mRNA is expressed in tumor cells. The alternatively spliced form appears to be identical with an original IL-7 cDNA clone obtained by screening a (hepatocarcinoma) cDNA library for the human IL-7 gene (Goodwin *et al.*, 1989). The alternative transcript lacks the entire exon 4 (132 bp) coding for 44-amino-acid residues, as depicted in Fig. 1 (Goodwin *et al.*, 1989; Frishman *et al.*, 1993). The present authors have also observed that IL-7 mRNA expressing cells derived from renal or colorectal cancer cells contain the 'canonical' IL-7 full-length IL-7 mRNA and additionally differentially spliced IL-7 mRNA (authors' unpublished observations). The biology of these IL-7 mRNA species remains to be determined.

Based on these data, it appears that IL-7 may exert differential effects on tumor cells. IL-7 may exert growth-promoting, but potentially also growth-arresting, activities. For



instance, proliferation of some pre-B acute lymphoblastic leukemia (B-ALL) cells can be specifically inhibited by exogenous IL-7. This effect can be abrogated by blocking of the IL-7 receptor (Pandrau *et al.*, 1994). In contrast, other ALL cells appear to be IL-7 responsive (Greil *et al.*, 1994). Additionally, targeting of IL-7 receptor-positive cells implementing a recombinant fusion toxin (DAB<sub>389</sub>-IL-7) has been suggested as a treatment for lymphoma (Sweeney *et al.*, 1995). Thus, IL-7-induced effects mediated by the IL-7R $\alpha$  may also be dependent on the actual cell type, as proliferation of early pre-B cells (see Table 1) can be augmented by IL-7.

### IL-7 as a Treatment Option for Cancer-Bearing Hosts

Immunotherapy has evolved to become a reasonable treatment option for some patients with cancer. This approach, at least theoretically, assumes that an antigenic difference between malignant and normal cells exists, can be recognized by the host and can be manipulated. In addition, it must be presumed that the tumor-bearing host is functionally immunodeficient in that the tumor somehow blocks or inactivates the patient's own antitumor response. For instance, alterations in expression and functions of signal transduction molecules associated with the TCR are indeed responsible for inefficient immune responsiveness in T lymphocytes in several human malignancies, including renal cell cancer, colorectal cancer, ovarian cancer and melanoma.

Decreased CD3 expression and inefficient CD3-mediated signaling in tumor infiltrating lymphocytes (TILs) and PBLs has been observed primarily in tumor-bearing mice (Mizoguchi *et al.*, 1992; Salvadori *et al.*, 1994; Levey and Srivastava, 1995) and recently in cancer-bearing patients as well (Finke *et al.*, 1993; Nakagomi *et al.*, 1993; Matsuda *et al.*, 1995; Tartour *et al.*, 1995; Zea *et al.*, 1995; Lai *et al.*, 1996; Rabinowich *et al.*, 1996).

One of several mechanisms of CD3 downregulation and inefficient signaling appears to be due to reduced expression of the  $\zeta$  chain of the TCR, presumably related to hydrogen peroxide secretion elaborated by tumor-derived macrophages (Kono *et al.*, 1996). This defect can be reversed *in vitro* and *in vivo* using exogenous IL-2 or IL-2 transfected into tumor cells to be implemented as a vaccine (Salvadori *et al.*, 1994; Rabinowich *et al.*, 1996). However, IL-7 is also capable of upregulating the TCR (Ono *et al.*, 1996) and can enhance protein expression of molecules associated with TCR expression and signaling functions (e.g. ZAP-70,  $\zeta$ -chain, p56<sup>lck</sup> and p59<sup>fyn</sup>; authors' unpublished data). Additionally, suppressive factors released by tumors may impair antitumor-directed immune responses, such as TGF- $\beta$ . Macrophage-derived TGF- $\beta$  mRNA can be downregulated by IL-7 (Dubinett *et al.*, 1993). The same effect of IL-7 has been found to be true for TGF- $\beta$  downregulation in a murine fibrosarcoma (Dubinett *et al.*, 1995). In contrast, TGF- $\beta$  is able to reduce stromal IL-7 mRNA expression and protein secretion using a human *in vitro* lymphoid progenitor cell culture system (Tang *et al.*, 1997). Biologic therapy approaches including immunotherapy seek to reverse this apparent state of anergy and to augment antitumor-directed immune responses.

Clinical trials utilizing IL-2 as a cytokine-based immunotherapy have demonstrated that this approach is successful in treating some patients. The challenge for both clinicians and researchers is to increase the efficacy and decrease the non-specific effects of the therapy. IL-7 appears to have a number of 'IL-2-like' properties and preclinical testing suggests a potential role for IL-7-based immunotherapy trials. The IL-7-mediated effects may be segregated into effects due to non-specific, MHC non-restricted,

B-ALL) cells can be  
 1 by blocking of the  
 appear to be IL-7-  
 ceptor-positive cells  
 een suggested as a  
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lysis of tumor cell targets (e.g. due to lymphokine-activated killer (LAK) cells), MHC class I- or II-specific recognition of tumor cells by  $\alpha\beta^+$  T lymphocytes, and tumor-restricted and presumably classic MHC non-restricted recognition by  $\gamma\delta^+$  T-cell effectors.

Characterization of the LAK phenomenon was reported in 1980 by Yron and associates. The phenomenon describes the *in vitro* lysis of labeled fresh tumor targets by lymphoid cells that have been preincubated in IL-2 or other lymphokines. The effect is not MHC restricted and is relatively non-specific, in that a variety of different fresh tumors are lysed yet most normal cells are spared. IL-7 is able to generate LAK activity from thymocytes and PBMCs.

In comparison to IL-2, IL-7 appears to be a relatively weak LAK inducer. IL-2 stimulates fivefold more LAK precursors than IL-7 (Alderson *et al.*, 1990). Thymocytes from cultures grown in IL-2 are highly cytolytic, whereas those grown in IL-7 exhibit minimal cytolytic activity; however, cultures grown in IL-7 and then switched to IL-2 become cytolytic. The addition of IL-4 does not induce cytolytic activity of the cells grown in IL-7 but rather downregulates IL-2-induced proliferation and cytolytic activity (Widmer *et al.*, 1990). IL-7 can generate human LAK cell activity in the absence of IL-2, and induces or upregulates expression of CD25, CD54 and CD69. LAK cell generation is negatively influenced by TGF- $\beta$  and IL-4. Anti-IL-4 antibody and anti-IL-4 antisense enhances IL-7-induced LAK cell activity (Stötter and Lotze, 1991; Stötter *et al.*, 1991). IL-7 promotes secretion of TNF but not of IFN- $\gamma$  (Stötter and Lotze, 1991).

The nature of the LAK cell precursor for IL-7-induced LAK is not totally clear. One study showed that LAK cell activity (comparable to IL-2) could be generated from a population of NK cells (CD56<sup>+</sup>) whereas no LAK activity was generated in PBMCs (Naume and Espevik, 1991; Naume *et al.*, 1992).

Another study using murine cells compared IL-7-induced LAK with IL-2 LAK. IL-7 LAK peaked at day 6–8. IL-7 was more effective at maintaining cytotoxic activity over longer periods of time than IL-2. IL-7 LAK was induced from secondary lymphoid tissue (spleen and nodes) but not from primary lymphoid tissue (thymus and bone marrow). LAK cell activity was abrogated by anti-CD8 or anti-Thy-1 + C and unaffected by anti-CD4, anti-asialo GM-1 or anti-NK-1.1 + C, suggesting that IL-7 LAK may not necessarily be mediated by NK cells, but rather by T lymphocytes (Lynch and Miller, 1990). In comparison to IL-2 and IL-12, IL-7 stimulates the CD56<sup>+</sup> NK cells to secrete significantly lower amounts of soluble TNF receptor compared with IL-2-, or IL-12-mediated stimulation. In comparison to IL-2, IL-7 induced lower levels of GM-CSF, but significantly higher GM-CSF levels when compared with IL-12 (Naume *et al.*, 1993).

If indeed, IL-7-induced LAK cell activity resides within the T-cell population, then it might be possible to create a LAK immunotherapy treatment regimen that lacks some of the deleterious effects of the IL-2 treatment which have been blamed on the NK cell population. Circulating human T cells also proliferate when incubated in IL-7. Both CD4<sup>+</sup> and CD8<sup>+</sup> subsets respond to a similar degree; however, when T cells are separated on the basis of reactivity with an antibody (anti-CD45) that reacts with a 220-kDa isoform (CD45RA) of the common leukocyte antigen, memory T cells (CD45RO) appear to respond more readily than naive T cells (CD45RA) (Welch *et al.*, 1989). Additionally, a variety of effects of IL-7 on monocytes has been reported. Activation of

monocytes with IL-7 can result in the development of a tumor lytic phenotype using melanoma cells as targets (Alderson *et al.*, 1991). Induction of mRNA for both IL-8 and human macrophage inflammatory protein-1  $\beta$  gene is induced in monocytes by IL-7 (Ziegler *et al.*, 1991; Standiford *et al.*, 1992). Monocytes incubated in IL-7 are stimulated to secrete large quantities of IL-6 as well as IL-1 $\alpha$ , IL-1 $\beta$  and TNF- $\alpha$ . This response is abrogated by provision of IL-4.

T cell-based immunotherapy has the advantage of increased specificity compared with LAK cell therapy. T-cell tumor lysis has been shown to be MHC restricted when antimelanoma or renal cell cancer reactive MHC class I- or class II-restricted  $\alpha\beta^+$  T lymphocytes are examined. Various cytokines, including IL-2 and IL-4, are active in promoting the clonal expansion *in vitro* of T cells while maintaining their tumor lytic activity. IL-7 appears to have similar properties.

IL-7 alone generates modest CTL activity which is augmented by IL-2, IL-6 or IL-4 (Bertagnolli and Herrmann, 1990; Hickman *et al.*, 1990). Removal of CD8 $^+$  cells results in decreased killing, whereas removal of CD4 $^+$  cells enhances the CTL response. IL-7 enhances cell proliferation and duration of growth more than IL-2. Allospecific cytotoxicity was maintained for at least 60 days in these cultured cells. Addition of anti-IL-4, anti-IL-2 or anti-IL-6 decreases the proliferation of CTLs in culture (Bertagnolli and Herrmann, 1990; Jicha *et al.*, 1992).

CTLs harvested from draining nodes of tumor-bearing animals and incubated in IL-7 were fourfold more effective than CTLs grown in medium alone in adoptive transfer experiments (Lynch *et al.*, 1991). CTLs incubated in IL-7 and adoptively transferred to mice bearing 3-day pulmonary metastases (MCA tumor) were effective in mediating tumor regression (Jicha *et al.*, 1991).

IL-7 stimulates proliferation of human TILs derived from renal cell carcinoma but only if the TILs are first incubated in either IL-2 alone or in IL-2 plus IL-7. IL-7 stimulates proliferation of CD4 $^+$  or CD8 $^+$  TIL lines specific for renal cell carcinoma. IL-7 synergizes with anti-CD3 in the induction of IFN- $\gamma$  from short-term TIL cultures (Sica *et al.*, 1993). Human T cells harvested from peripheral blood and incubated in IL-7 when restimulated with phorbol ester and ionomycin secrete IL-2, IL-4, IL-6 and IFN- $\gamma$ . This effect was not seen as readily in cultures initiated with IL-2 or IL-4. Both CD4 $^+$  and CD8 $^+$  subsets responded by cytokine secretion. Almost all the potential to secrete IL-4 and IL-6 in response to IL-7 preincubation resides within the memory subset as opposed to the naive population (Armitage *et al.*, 1992a). The preceding observations suggested that IL-7, either alone or in conjunction with IL-2, acts to stimulate proliferation and tumor lytic activity in sensitized T cells and therefore may be clinically useful in the immunotherapy of malignancy. The most promising data have come from a study demonstrating that anti-tumor-specific T lymphocytes can be grown and expanded *in vitro* without restimulation for extended periods (up to 22 months) compared with T lymphocytes grown in IL-2 (Lynch and Miller, 1994). IL-7 alone (Maeurer *et al.*, 1997), admixture of IL-7 to IL-2 and INF- $\gamma$  appears also preferentially to expand and maintain tumor-specific and MHC class II-restricted CD4 $^+$  T lymphocytes (Cohen *et al.*, 1993) from tumor-bearing patients.

Of note, some of these tumor-reactive and MHC class II-restricted T lymphocytes secrete IFN- $\gamma$  preferentially in response to autologous tumor cells (Maeurer *et al.*, 1997). This observation is in concordance with an earlier report demonstrating IL-7-mediated effects in adoptive immunotherapy in human colorectal cancer xenografts in SCID mice.

Exclusively the combination of IL-7 treatment and passive transfer of human autologous T cells resulted in enhanced survival of mice engrafted with the respective tumors; treatment with IL-7 alone showed no effect. The antitumor effects are correlated with IFN- $\gamma$  secretion by the passively transferred T cells and not by their cytolytic capability (Murphy *et al.*, 1993). The ability of IL-7 to generate antitumor-directed immune reactivity may also be dependent on the tumor type and availability of T cells capable of recognizing tumor-associated peptides presented either in the context of MHC class I or II molecules. For instance, application of IL-7 resulted in up to a 75% reduction in pulmonary metastases of the murine renal cell cancer line Renca (Komschlies *et al.*, 1994). However, the pharmacokinetics of IL-7 administered to humans have not yet been evaluated. Some toxic side-effects have been observed in mice treated with IL-7 systemically (Komschlies *et al.*, 1994).

However, IL-7 may also be used to restore the immune system in primary or secondary immunodeficiencies (e.g. induced by viral infections or inherited abnormalities, such as Di George syndrome) or after bone marrow transplantation (BMT). For instance, the successful outcome of autologous BMT is limited by susceptibility to infection. As the effective restitution of an immune system does not only require the quantitative replacement of immune cells (usually achieved within 3–4 months after transplantation), the quality of the immune system is often impaired. Since IL-7 has not only growth-promoting but also differentiation effects on both B- and T-cell lymphopoiesis, it may represent an attractive cytokine, potentially in combination with flt3 ligand, to reconstitute a competent immune system. Several studies have addressed this issue. For instance IL-7 treatment of Balb/c mice after syngeneic BMT leads to increased thymic cellularity, increased RAG-1 expression, and to promotion of V $\beta$ 8(D)J gene rearrangement of TCRs. The increased 'quality' of IL-7-treated mice is reflected in better mitogenic responses of thymic cells and in enhanced cytokine production provoked by influenza virus challenge (Abdul-Hai *et al.*, 1996). Additionally, IL-7 accelerates PBL recovery of mice after cyclophosphamide, 5-fluorouracil treatment (Damia *et al.*, 1992) or radiation (Faltynek *et al.*, 1992). Using a metastatic breast cancer model in mice, IL-7 and BMT could significantly prolong survival, presumably due to enhanced immune cell reconstitution after split-dose chemotherapy using cyclophosphamide, cisplatin and nitrosourea (Talmadge *et al.*, 1993).

A more recent study has shown that IL-7 may be able to mobilize long-term reconstituting peripheral CD34<sup>+</sup> stem cells (Grzegorzewski *et al.*, 1994). Such cells may be useful for stem cell transplantation, or for therapies using CD34<sup>+</sup> cells either for gene transduction or for maturation *in vitro* in order to generate potent antigen-presenting cells capable of initiating potent antitumor-directed cellular immune responses. Additionally, development of tumors in older individuals may reflect not only accumulative genetic alternations, but also a decreased capacity of the humoral and cellular immune system to identify and eradicate transformed cells efficiently. Several studies have demonstrated age-related alterations in T and B lymphocytes (Zharhary, 1994). In murine models, the ability of pro-B cells to proliferate in response to stroma cells decreases with age (Stephan *et al.*, 1996). This functional alteration is due to an impaired response of pro-B cells to IL-7, but not to other stroma-associated cytokines, including stem cell factor or insulin-like growth factor (Stephan *et al.*, 1997). The reduced IL-7 responsiveness appears not to be induced by inefficient IL-7R

expression, but by as yet poorly defined intracellular signaling events mediated through the IL-7 receptor complex (Stephan *et al.*, 1997). Thus, IL-7 may not only be implemented for primary or secondary immunodeficiency disorders: the functional impairment of the immune system in older individuals may in part be mediated by reduced IL-7-responsive immune cells. Future studies may devise therapeutic strategies to overcome age-related immunodeficiencies which may play a role in decreased immune surveillance.

The effects of locally secreted IL-7 elaborated by genetically engineered tumor cells may be overlapping with some of the effects observed by systemic application. Transfection of cytokine genes into tumor cell lines has been developed as a theoretic strategy to increase the local regional response to the tumor in the hope that a heightened *in situ* response might translate to an enhanced systemic response, not only to the transfected tumor but also to the non-transfected or wild-type tumor. IL-7 transfection experiments have yielded some provocative results. Transfection of IL-7 into the murine tumor line J5581 leads to tumor rejection *in vivo*.

CD8<sup>+</sup> cells were required for long-term tumor eradication, but short-term regression was noted in the absence of CD8<sup>+</sup> cells. While tumor transfected with IL-2, IL-4, TNF or IFN- $\gamma$  regressed when placed in nude or SCID mice IL-7-transfected tumor required the presence of CD4<sup>+</sup> cells for regression, and no regression was observed in nude mice bearing tumor transfected with IL-7.

In most of the murine studies, tumors were eventually rejected by the animals, while the *in vitro* growth was not affected by IL-7 (Hock *et al.*, 1991, 1993; Aoki *et al.*, 1992; McBride *et al.*, 1992; Miller *et al.*, 1993; Allione *et al.*, 1994; Tepper and Mule, 1994). It appears that CD8<sup>+</sup> T cells play a major role in mediating tumor rejection (Hock *et al.*, 1991, 1993; Aoki *et al.*, 1992; McBride *et al.*, 1992; Miller *et al.*, 1993) and that antigen-specific T cells are elicited upon immunization with IL-7-secreting tumor cell lines (Aoki *et al.*, 1992). However, other immune cells may also contribute to antitumor responses, as not just T lymphocytes, but also macrophages, eosinophils and basophils, are present at the site of tumor rejection (Hock *et al.*, 1991; McBride *et al.*, 1992).

A more recent study examined in detail the effects of locally secreted IL-7 and induction of tumor-specific cellular immune responses (Cayeux *et al.*, 1995). In B7-transfected mammary adenocarcinoma cells TS/A, T cells showed predominantly CD28<sup>+</sup> and CD25<sup>-</sup> marker expression, in IL-7-transduced tumor cells CD28 and CD25<sup>+</sup> marker expression, whereas in B7<sup>+</sup>IL7<sup>+</sup> tumor cells the T-cell infiltrate showed typically CD28<sup>+</sup>CD25<sup>+</sup> expression. The double-transfected tumor elicited a more strong immunity compared with tumor cells expressing IL-7, or B7 alone, or non-transfected tumor cells admixed with *Corynebacterium parvum* (Cayeux *et al.*, 1995). Human non-small-cell lung cancer cell lines infected with a retroviral construct containing the human IL-7 cDNA show alterations of cell surface expression of molecules (e.g. MHC class I, LFA-3) on co-cultured PBLs favoring antitumor-directed immune responses (Sharma *et al.*, 1996). Thus, IL-7-transfected tumor cells may represent a reasonable vaccine for eliciting a strong antitumor-directed immunity (Möller *et al.*, 1996). IL-7-transfected tumor cells are now actively being scrutinized in the setting of tumor vaccines in Heidelberg, Germany (D. Schadendorf) (Möller *et al.*, 1996) and at the University of California at Los Angeles in the USA (J. Economou).

## SUMMARY

IL-7 is an important lymphopoietin and plays a critical role in both B- and T-cell development. It promotes expansion of T lymphocytes exhibiting antigen-specific reactivity. IL-7 may be implemented to promote strong and effective immune responses directed against tumor cells, or against microbial or viral infection. It may also be useful to restore an effective and functional immune system after bone marrow transplantation. Clinical trials of IL-7 will begin at the University of Pittsburgh and other institutions soon (supplied by the National Cancer Institute).

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